## **TATTOO CONSENT FORM**

THIS DOCUMENT IS TWO-PAGES. PLEASE **INTITIAL** IN THE BOXES PROVIDED AFTER READING TO SHOW THAT YOU UNDERSTAND EACH PROVISION. FEEL FREE TO ASK ANY QUESTIONS REGARDING THIS WAIVER.

| In consideration of receiving a tattoo from artists, associates, apprentices, agents, or any employees (hereina "Tattoo Studio" I agree to the following:  | including its  Ifter referred to as the  |
|--|--|
|  | derstand that these ed to: infection, ions to tattoo tential risks ocedure and                           |
| - I WAIVE AND RELEASE to the fullest extent permitted by the Tattoo Studio from all liability whatsoever, including but not limit claims or causes of action that I, my estate, heirs, executors or ass personal injury or otherwise, including any direct and/or consequent result or arise from the procedure and application of my tattoo, when negligence or fault of either the Tattoo Studio, or otherwise.  | ted to, any and all<br>igns may have for<br>itial damages, which   |
| The Tattoo Studio has given me the full opportunity to ask the procedure and application of my tattoo and all of my questions, answered to my total satisfaction.  | • .  |
| The Tattoo Studio has given me instructions on the care of healing. I understand and will follow them. I acknowledge that it is pattoo can become infected, particularly if I do not follow the instructionary touch-up work to the tattoo is needed due to my own negligence work will be done at my own expense.   | possible that the tions given to me. If  |
| I am not under the influence of alcohol or drugs, and I am submitting to be tattooed by the Tattoo Studio without duress or coefficients.  | •  |
| - I do not suffer from diabetes, epilepsy, hemophilia, heart of take blood thinning medication. I do not have any other medical or may interfere with the procedure, application or healing of the tattod recipient of an organ or bone marrow transplant or, if I am, I have to preventative regimen of antibiotics that is required by my doctor in a invasive procedure such as tattooing or piercing. I am not pregnant have a mental impairment that may affect my judgement in getting | skin condition that<br>o. I am not the<br>aken the prescribed<br>advance of any<br>tor nursing. I do not |
| - The Tattoo Studio is not responsible for the meaning or sportext that I have provide to them or chosen from the flash (design  |  |

|   |   | State:   |
|---|---|--|
|   |   |  |
| Signature   |   |  |
| I HAVE READ THE AGREE<br>BY IT.   | MENT, I UNDERS  | FAND IT, AND I AGREE TO BE BOUND   |
| identification) and am comp   | etent to sign this Ag   | reement.   |
|   |   | re provided valid proof of age and   |
| unenforceable or invalid, that  | at portion shall be so<br>construed as though   | ohrase of this release is found to be<br>evered from this contract. The remainder<br>on the unenforceable portion had never  |
| understand this document the  | nat it was not prese  | adequate opportunity to read and nted to me at the last minute and grasp n rights to recover damages against the   |
| incurred in any legal action<br>Artist of the Tattoo Studio is<br>County of | bring against the Tage the prevailing party within the State on the and shall have the state of | o for any attorneys' fees and costs Tattoo Studio and in which either the Y. I agree that the courts of located in the f shall have exclusive jurisdiction for the purposes of this agreement. |
| <del></del>   |   | O REFUND policy on tattoos, piercing for any reason whatsoever.  |
| consent in advance to their   | reproduction in prin<br>on, please inform th  | taken of me and the tattoo and give<br>t or electronic form. (For assurance, if<br>he Tattoo Studio NOT to take any  |
| by laser or surgical means,   | which can be disfig   | appearance and can only be removed uring and/or costly and which in all skin to its exact appearance before  |
| and the actual tattoo when i  | t is applied to my bo<br>attoo will fade due  | ist between the tattoo art I have selected ody. I also understand that over time, the to unprotected exposure to the sun and oder the skin.  |

Form Created by AuthorizationForms.com