TATTOO CONSENT FORM

THIS DOCUMENT IS TWO-PAGES. PLEASE **INITIAL** 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	including its
artists, associates, apprentices, agents, or any emplo "Tattoo Studio" I agree to the following:	
- I,, (Print Name) have inherent risks associated with getting a tattoo. Thereforesks, known and unknown, can lead to injury including scarring, difficulties in the detection of melanoma and pigment, latex gloves and/or soap. Having been inform associated with getting a tattoo I wish to proceed with application and freely accept and expressly assume a from tattooing.	g but not limited to: infection, allergic reactions to tattoo ned of the potential risks the tattoo procedure and
- I WAIVE AND RELEASE to the fullest extenthe Tattoo Studio from all liability whatsoever, including claims or causes of action that I, my estate, heirs, exerpersonal injury or otherwise, including any direct and/result or arise from the procedure and application of managing and the control of the control	ng but not limited to, any and all ecutors or assigns may have for or consequential damages, which my tattoo, whether caused by the
The Tattoo Studio has given me the full opportion of my tattoo and all of nanswered to my total satisfaction.	, ,
The Tattoo Studio has given me instructions healing. I understand and will follow them. I acknowled tattoo can become infected, particularly if I do not follow to uch-up work to the tattoo is needed due to my converse work will be done at my own expense.	dge that it is possible that the ow the instructions given to me. If
I am not under the influence of alcohol or drosubmitting to be tattooed by the Tattoo Studio without	•
- I do not suffer from diabetes, epilepsy, hemotake blood thinning medication. I do not have any other may interfere with the procedure, application or healing recipient of an organ or bone marrow transplant or, if preventative regimen of antibiotics that is required by invasive procedure such as tattooing or piercing. I am have a mental impairment that may affect my judgement	er medical or skin condition that any of the tattoo. I am not the I am, I have taken the prescribed my doctor in advance of any not pregnant or nursing. I do not
The Tattoo Studio is not responsible for the	

and the actual tattoo when it is	s applied to my too will fade due	exist between the tattoo art I have selected body. I also understand that over time, the eto unprotected exposure to the sun and under the skin.
by laser or surgical means, wh	nich can be disfi	y appearance and can only be removed guring and/or costly and which in all y skin to its exact appearance before
consent in advance to their rep	production in pri , please inform	s taken of me and the tattoo and give nt or electronic form. (For assurance, if the Tattoo Studio NOT to take any
I agree that the Tatto and/or retail sales and I will no		NO REFUND policy on tattoos, piercing od for any reason whatsoever.
incurred in any legal action I b Artist of the Tattoo Studio is th County of	ring against the be prevailing par within the State a and shall have	io for any attorneys' fees and costs Tattoo Studio and in which either the ty. I agree that the courts of located in the of shall have exclusive jurisdiction for the purposes of this agreement.
understand this document that	t it was not pres	n adequate opportunity to read and ented to me at the last minute and grasp ain rights to recover damages against the
unenforceable or invalid, that	oortion shall be nstrued as thou	phrase of this release is found to be severed from this contract. The remainder the unenforceable portion had never
I hereby declare that I am of le identification) and am compete	• •	ave provided valid proof of age and agreement.
I HAVE READ THE AGREEM BY IT.	ENT, I UNDERS	STAND IT, AND I AGREE TO BE BOUND
Signature		
Print:	Address:	
Date of Birth://	City:	State:
Form of Identification:		