

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 employees (hereinafter referred to as the "Tattoo Studio" I agree to the following:

_____ - I, _____, (Print Name) have been fully informed of the inherent risks associated with getting a tattoo. Therefore, I fully understand that these risks, known and unknown, can lead to injury including but not limited to: infection, scarring, difficulties in the detection of melanoma and allergic reactions to tattoo pigment, latex gloves and/or soap. Having been informed of the potential risks associated with getting a tattoo I wish to proceed with the tattoo procedure and application and freely accept and expressly assume any and all risks that may arise from tattooing.

_____ - I WAIVE AND RELEASE to the fullest extent permitted by law any person of the Tattoo Studio from all liability whatsoever, including but not limited to, any and all claims or causes of action that I, my estate, heirs, executors or assigns may have for personal injury or otherwise, including any direct and/or consequential damages, which result or arise from the procedure and application of my tattoo, whether caused by the negligence or fault of either the Tattoo Studio, or otherwise.

_____ - The Tattoo Studio has given me the full opportunity to ask any question about the procedure and application of my tattoo and all of my questions, if any, have been answered to my total satisfaction.

_____ - The Tattoo Studio has given me instructions on the care of my tattoo while it's healing. I understand and will follow them. I acknowledge that it is possible that the tattoo can become infected, particularly if I do not follow the instructions given to me. If any touch-up work to the tattoo is needed due to my own negligence, I agree that the work will be done at my own expense.

_____ - I am not under the influence of alcohol or drugs, and I am voluntarily submitting to be tattooed by the Tattoo Studio without duress or coercion.

_____ - I do not suffer from diabetes, epilepsy, hemophilia, heart condition(s), nor do I take blood thinning medication. I do not have any other medical or skin condition that may interfere with the procedure, application or healing of the tattoo. I am not the recipient of an organ or bone marrow transplant or, if I am, I have taken the prescribed preventative regimen of antibiotics that is required by my doctor in advance of any invasive procedure such as tattooing or piercing. I am not pregnant or nursing. I do not have a mental impairment that may affect my judgement in getting the tattoo.

_____ - The Tattoo Studio is not responsible for the meaning or spelling of the symbol or text that I have provide to them or chosen from the flash (design) sheets.



_____ - Variations in color and design may exist between the tattoo art I have selected and the actual tattoo when it is applied to my body. I also understand that over time, the colors and the clarity of my tattoo will fade due to unprotected exposure to the sun and the naturally occurring dispersion of pigment under the skin.

_____ - A tattoo is a permanent change to my appearance and can only be removed by laser or surgical means, which can be disfiguring and/or costly and which in all likelihood will not result in the restoration of my skin to its exact appearance before being tattooed.

_____ - I release the right to any photographs taken of me and the tattoo and give consent in advance to their reproduction in print or electronic form. (For assurance, if you do not initial this provision, please inform the Tattoo Studio NOT to take any pictures of you and your completed tattoo).

_____ - I agree that the Tattoo Studio has a NO REFUND policy on tattoos, piercing and/or retail sales and I will not ask for a refund for any reason whatsoever.

_____ - I agree to reimburse the Tattoo Studio for any attorneys' fees and costs incurred in any legal action I bring against the Tattoo Studio and in which either the Artist of the Tattoo Studio is the prevailing party. I agree that the courts of located in the County of _____ within the State of _____ shall have jurisdiction and venue over me and shall have exclusive jurisdiction for the purposes of litigating any dispute arising out of or related to this agreement.

_____ - I acknowledge that I have been given adequate opportunity to read and understand this document that it was not presented to me at the last minute and grasp that I am signing a legal contract waiving certain rights to recover damages against the Tattoo Studio.

If any provision, section, subsection, clause or phrase of this release is found to be unenforceable or invalid, that portion shall be severed from this contract. The remainder of this contract will then be construed as though the unenforceable portion had never been contained in this document.

I hereby declare that I am of legal age (and have provided valid proof of age and identification) and am competent to sign this Agreement.

I HAVE READ THE AGREEMENT, I UNDERSTAND IT, AND I AGREE TO BE BOUND BY IT.

Signature _____

Print: _____ Address: _____

Date of Birth: ___/___/___ City: _____ State: _____

Form of Identification: _____



PARENTAL / GUARDIAN CONSENT FOR TATTOO

State of _____ }

County of _____ } Ss:

(Print Name of Parent or Legal Guardian)

Residing at: _____.

HEREBY SWEARS OR AFFIRMS UNDER PENALTY OF PERJURY, that the following facts as stated in this document are true:

1) I am the natural parent or legal guardian of: _____
(Print Name of Minor Child)

2) The Minor Child's date of birth is: _____, 20_____
(Month) (Day) (Year)

3) The child's age is: _____.

4) I have the legal authority to give consent for this child's Tattoo.

5) I consent to the tattooing of my child as follows: _____

(Description and Location of Tattoo on Child)

Signature of Parent/Legal Guardian

(IF REQUIRED)

SWORN TO, OR AFFIRMED, IN PERSON BEFORE ME, this _____ day of

_____, 20_____, by _____ who is
(Print Name)

personally known to me, *or*, who produced satisfactory identification in the form of

(Signature of Notary)

SEAL:

(Print Name of Notary)



ADULT PIERCING CONSENT

I acknowledge by signing this Release I have been given the full opportunity to ask any and all questions which I might have about obtaining a piercing from _____ (hereinafter known as the "Piercer") and all my questions have been answered to my full and total satisfaction. I acknowledge I have been advised of the matters set forth below and I agree as follows:

Please Initial

_____ - I am not pregnant or nursing. If I have any condition that might affect the healing of this piercing, I will inform my Piercer.

_____ - I do not suffer from medical or skin conditions such as, but not limited to: keloid or hypertrophic scarring, psoriasis at the site of the piercing or any open wounds or lesions at the site of the piercing.

_____ - I have advised the Piercer of any allergies to metals, latex gloves, soaps and medications. I acknowledge it is not reasonably possible for the Piercer to determine whether I might have an allergic reaction to the piercing or processes involved in the piercing and further acknowledge that such a reaction is possible.

_____ - I have trustfully represented to the Piercer I am over the age of 18 years. I am not under the influence of drugs or alcohol. To my knowledge, I do not have any physical, mental or medical impairment or disability which might affect my well-being as a direct or indirect result of my decision to have a piercing done at this time.

_____ - I acknowledge that obtaining this piercing is my choice alone and will result in a permanent change to my appearance, and that no representation has been made to me as to the ability to later restore the skin involved in this piercing to its pre-piercing condition.

_____ - I acknowledge infection is always possible as a result of obtaining a piercing. I have received aftercare instructions and I agree to follow all of them while my piercing is healing.

_____ - I understand I will be pierced using appropriate instruments and sterilization.

Therefore, I request the Piercer to pierce my _____. I understand this type of piercing usually takes _____ or longer to heal. I agree to release and forever discharge and hold harmless the Piercer and all employees from any and all claims, damages or legal actions arising from or connected in any way with my piercing, or the procedure and conduct used in my piercing.

Dated this ____ day of _____, 20____

Signature: _____

Name: _____

Address: _____

Age: _____ Drivers License # _____ State: _____



MINOR (CHILD) PIERCING CONSENT

State of _____ }

County of _____ } Ss:

(Print Name of Parent or Legal Guardian)

Residing at: _____.

HEREBY SWEARS OR AFFIRMS UNDER PENALTY OF PERJURY, that the following facts as stated in this document are true:

- 1) I am the natural parent or legal guardian of: _____
(Print Name of Minor Child)
- 2) The Minor Child's date of birth is: _____, 20_____
(Month) (Day) (Year)
- 3) The child's age is: _____.
- 4) I have the legal authority to give consent to the body piercing of this child.
- 5) I consent to the body piercing of my child as follows: _____.
(Location of Piercing on Child)

Signature of Parent/Legal Guardian

(IF REQUIRED)

SWORN TO, OR AFFIRMED, IN PERSON BEFORE ME, this _____ day of

_____, 20____, by _____ who is
(Print Name)

personally known to me, or, who produced satisfactory identification in the form of

(Signature of Notary)

SEAL:

(Print Name of Notary)

