

CONSENT TO TATTOO PROCEDURE RELEASE AND WAIVER OF ALL CLAIMS

I acknowledge by signing this Release that I have been given full opportunity to ask any and all questions that I might have about obtaining a tattoo and that all my questions have been answered to my full satisfaction. I specifically acknowledge that I have been advised of the facts and matters set forth below and I agree as follows:

- 1) If I have diabetes, epilepsy, hepatitis, hemophilia, HIV-AIDS or any other communicable disease, heart condition or I take medication that thins the blood, I have advised my tattooer. I am not pregnant or nursing. I am not under the influence of alcohol or drugs.
- 2) I do not have medical skin conditions such as, but not limited to: acne, scarring (keloid), eczema, psoriasis, freckles, moles or sunburn in the area to be tattooed that may interfere with my tattoo.
- 3) I acknowledge it is not reasonably possible for the employees of _____ to determine if I might have an allergic reaction to the pigments or processes used in my tattoo, and I agree to accept the risk that such a reaction is possible.
- 4) I acknowledge that infection is always possible as a result of obtaining a tattoo, particularly in the event that I do not take proper care of my tattoo. I have received aftercare suggestions and agree to care for my tattoo to the best of my ability.
- 5) I realize that variations in color and design may exist between any tattoo as selected by me and as ultimately applied to my body. I understand that if my skin is dark, the colors will not appear as bright as they do on light skin. I understand that a tattoo is a work of art and minor imperfections are likely.
- 6) I understand that if I have any skin treatments, laser hair removal, plastic surgery or other skin altering procedures, it may result in adverse changes to my tattoo.
- 7) I acknowledge that a tattoo is a permanent change to my appearance and that no representations have been made to me as to the ability to later change or remove my tattoo. To my knowledge, I do not have any physical, mental or medical impairment or disability that might affect my well being as a direct or indirect result of my decision to have a tattoo.
- 8) I have truthfully represented to _____ that I am at least 18 years of age and that obtaining a tattoo is by my choice alone.

Therefore, I request the application of a tattoo. I agree to release and forever discharge and hold harmless _____, and all employees from any and all claims, damages or legal actions arising from or connected in any way to my tattoo or the procedure and conduct used in the application of my tattoo.

Name – Print legibly	Signature
Address	City State Zip
Date of birth	Age as of today
E-mail Address	Today's date
Name of practioner (Print Legibly)	Signature of practioner: