TATTOO CONSENT AND RELEASE FORM

I, (Name of Patron)\_\_\_\_\_\_\_\_, hereby give consent to (Name of Operator)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of

(Name of Establishment)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to perform a tattoo/body pierce, and in consideration of doing so, I hereby release (Name of Operator) \_\_\_\_\_\_\_\_\_\_\_ and (Name of Establishment) \_\_\_\_\_\_\_\_\_\_\_\_\_ from all manner of liabilities, claims, actions, and demands in law, or in equity, which I or my heirs might now or hereafter by reason of complying with my request of a tattoo or body piercing.

I fully understand that any employee of (Name of Establishment) \_\_\_\_\_\_\_\_\_\_\_\_\_, when performing a tattoo or body piercing, does not act in the capacity as a medical professional. The suggestions made by any employee or agent of (Name of Establishment) \_\_\_\_\_\_\_\_\_\_\_ are just suggestions. They are not to be construed as, or substituted for advice from a medical professional. I understand that the tattoo or body piercing will be performed using appropriate techniques, instruments, and pigments. I also understand that infections can occur due to lack of proper hygiene and/or pigment sensitivities. To ensure proper healing of my tattoo or body piercing, I agree to follow the written and verbal aftercare instructions that will be provided, until healing is complete. I understand that a tattoo or body piercing may take several weeks to heal properly.

I understand that I am making a permanent change to my body, and no claims about the possibility of reversing these changes have been made or implied by (Name of Establishment) \_\_\_\_\_\_\_\_\_\_\_\_\_or any of its employees or agents.

Please Answer the Following Questions:

\*Answering "yes" to any of these questions does not necessarily preclude the person from receiving a tattoo or piercing.

YES NO · Has a physician told you that you have hepatitis? \_\_\_\_ \_\_\_\_ · Have you been jaundice (yellowing of skin or eyes) in the previous 10 days? \_\_\_ \_\_\_\_ · Are you prone to fainting? \_\_\_\_ \_\_\_\_ · Do you have diabetes? \_\_\_\_ \_\_\_\_ · Do you have difficulty-stopping bleeding? \_\_\_\_ \_\_\_\_ · Do you take a blood thinner? \_\_\_\_ \_\_\_\_ · Do you have heart related problems? \_\_\_\_ \_\_\_\_ · Do you have high blood pressure? \_\_\_\_ \_\_\_\_ · Do you have any known allergies? \_\_\_\_ \_\_\_\_

If so, please list them \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

· Have you consumed any alcoholic beverages within the last 8 hours? \_\_\_\_ \_\_\_\_ · Have you consumed any food within the last 2 hours? \_\_\_\_ \_\_\_\_ · Have you consumed any anticoagulants (aspirin, ibuprofen, etc.)

in the last 24 hours? \_\_\_\_ \_\_\_\_ · Are you pregnant? \_\_\_\_ \_\_\_\_ · Do you have any other conditions that might affect the healing of this

tattoo/body piercing? \_\_\_\_ \_\_\_\_ I have read this release form and confirm that all the information I have given is correct. I

understand that this is a release form and I agree to be legally bound by it.

I certify that I am over \_\_\_\_\_\_\_\_\_\_ years of age.

Your Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone (

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City State Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Today's Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_