

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. Date of Birth*** _____

Your Name _____ Telephone () _____

Address _____ City State Zip _____

Signature _____ Today's Date _____