



Consent, Release Waiver of All Claims

I hereby acknowledge that I intend to obtain a TATTOO and have been given full opportunity to ask any and all questions which I might have about a TATTOO from DROP 'N INK Tattoo Shop (herein after called "tattoo artist") and that all my questions have been answered to my full and total satisfaction.

INITIAL BELOW

1. ___ I specifically acknowledge that I have been advised of the following:

Obtaining this TATTOO 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 liability to later restore the skin involved in this TATTOO to its pre-tattooed condition.

2. ___ It is not reasonably possible for the TATTOO ARTIST to determine whether I might have an allergic reaction to the TATTOO or process involved in the TATTOO and further acknowledge that such a reaction is possible.

3. ___ I will be TATTOOED using the appropriate instruments and sterilization techniques.

4. ___ I have been advised of all the procedures necessary to promote satisfactory healing of my tattoo.

5. ___ Infection is always possible as a result of obtaining a TATTOO, and I agree to follow ALL instructions concerning the care of my TATTOO while it is healing.

I REPRESENT TO MY TATTOO ARTIST THAT:

1. I do ___ DO NOT ___ have diabetes. If I do have diabetes I understand that my condition might affect the healing of MY TATTOO.
2. I do ___ DO NOT ___ have HIV/AIDS, HEP(A,B,C) T.B. If I have any of these conditions, I understand that it will effect the Healing of MY TATTOO ___.
3. I am NOT pregnant or nursing. _____
4. I DO NOT have epilepsy or hemophilia _____
5. I DO NOT suffer from any medical or skin conditions such as, but not limited to: keloid or hypertrophic scarring, psoriasis, sunburn or any open wounds or lessions at the site of the TATTOO. _____.
6. I DO NOT suffer from any heart conditions or take any medications that thin my blood. _____
7. I have advised the TATTOO ARTIST of any allergies to metals, latex, soap, and medications. _____
8. I am over the age of 18 years. _____
9. I am NOT under the influence of drugs or alcohol. _____
10. I DO NOT have any physical, mental or medical impairments or disability which might affect my well being as a direct or indirect result of my decision to have a TATTOO done at this time. _____

Therefore, I request that the TATTOO ARTIST TATTOOS my _____, I understand this type of TATTOO usually takes 10 DAYS or longer to heal. I agree to RELEASE and FOREVER DISCHARGE and HOLD the TATTOO ARTIST and ALL employees from ANY and ALL Claims, damages or legal actions arising from or connected in any way with my Tattoo, or the procedure and conduct used in my TATTOO.

NAME:_____ D.O.B._____ Contact Number:_____

Address:_____ Signature_____

Emergency Contact:_____ Telephone:_____

Artist:_____ Tattoo Design:_____ Location_____ Date:_____