

## TATTOO RELEASE FORM

I hereby release the tattoo/piercing studio, and its employees and agents, from all manner of liabilities, claims, actions and demands, in law or in equity, which I or my heirs have or might have now or hereafter by reason of complying with my request to be tattooed.

I FULLY UNDERSTAND THAT ANY EMPLOYEE or agent of this studio when performing a tattoo does not act in the capacity of a medical professional. The suggestions made by any employee or agent of the shop are just suggestions. They are not to be construed or substituted for advice from a medical professional.

I UNDERSTAND I WILL BE TATTOOED using appropriate instruments and techniques. To ensure proper healing of my tattoo, I agree to follow the aftercare suggestions outlined in the written tattoo aftercare instructions provided to me until healing is complete. I understand that a tattoo usually takes 2 weeks or longer to heal.

I WILLINGLY SUBMIT TO THESE PROCEDURES, with a full understanding of possible complications such as, but not limited to, infection, allergic reaction or rejection of the ink. Neither the Artist nor the Tattoo studio is responsible for the meaning or spelling of the symbol that I have provided to them or chosen from the flash (design) sheets.

I HAVE RECEIVED A COPY OF THE WRITTEN TATTOO AFTERCARE INSTRUCTIONS, which I have read and fully understand and hereby assume full responsibility for aftercare and cleanliness. I understand that by having this tattoo performed that I am making a permanent change to my body and no claims have been made regarding the ability to undo the changes made.

I AM 18 YEARS OF AGE OR OLDER.

**Please fill in your name** (required) :

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**I release all rights to any photographs taken of me and the tattoo and give consent in advance to the reproduction in print or electronic form** (required) :

- Yes
- No

**Your signature** (required) :

**PLEASE ANSWER THE FOLLOWING QUESTIONS SO THAT WE MAY BETTER SERVE YOU**

**(Tick the box if your answer is YES) (required) :**

- Have you eaten within the last 4 hours?
- Have you had any alcoholic beverages in the last 8 hours?
- Are you prone to fainting?
- Are you prone to heavy bleeding?
- Do you have to take antibiotics before seeing the dentist?
- Have you taken aspirin, ibuprofen, or blood thinners in the last 24 hours?
- Do you have a latex allergy?
- Are you pregnant or breastfeeding?
- Do you have any other conditions which might affect the healing of this tattoo?
- Do you have any other allergies? If yes, what
- Other:

**I acknowledge that the sterilization method used was explained to my full satisfaction. I had the opportunity to ask questions regarding this procedure. All questions were answered to my satisfaction. All equipment during the procedure was opened in front of me. I witnessed the disposal of the tattoo needle(s) into regulated sharps container. Both written and verbal aftercare instructions were provided to me. (required) :**

- Yes
- No

**Please fill in your email :**

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