

[NAME OF STUDIO] TATTOO & PIERCING RELEASE FORM

NAME OF CUSTOMER:			
Address:			
Phone:		Email:	
ID Presented:		Age:	
Artist Name:			
Tattoo Design:			
Comments / Notes:			
Tattoo/Piercing Location:		Jewelry:	
Payment Type:		Price:	\$ <i>All services must be paid for in advance of the procedure.</i>
Emergency Contact:		Phone:	
Physician:		Phone:	

The undersigned Customer represents, warrants, and agrees as follows:

1. I am at least 18 years old. **(FOR PIERCINGS ONLY:** Or if I am not yet 18 years old, my parent / legal guardian has accompanied me and has given written consent to the piercing.) **TATTOOS WILL NOT BE PERFORMED ON ANY PERSON UNDER THE AGE OF 18 YEARS WHATSOEVER.**
2. I do not have a heart condition, epilepsy or hepatitis, and I am not a hemophiliac. I do not take blood thinners. I have never been diagnosed with HIV/AIDS, herpes, syphilis, gonorrhea, tuberculosis or staph infection.
3. I am not pregnant.
4. I am not under the influence of drugs or alcohol.
5. I take the following medications: _____
6. To my knowledge I do not have any physical, mental or medical impairment, condition, or disability which might affect my wellbeing as a direct or indirect result of my decision to have any tattoo/piercing work done, except as indicated below:

(list any skin conditions, bleeding disorders, illnesses, etc)
7. To my knowledge I am not allergic to any medication, iodine, latex, metals, soaps, rubbing alcohol, cosmetics or other substances except those set out below:

(list any known allergies)
8. I acknowledge that it is not reasonably possible for the artist / piercer performing the work to determine whether I might have an allergic reaction to the tattoo/piercing or process involved in performing the work, and I further acknowledge that such reaction is possible.
9. I have received, read, and understood the after-care instructions for my tattoo/piercing. I agree to follow all after-care instructions during and after the healing of my tattoo/piercing.

10. I understand that my tattoo/piercing is being done in a sterile environment with sterile instruments, sterilized in an autoclave. Notwithstanding, I acknowledge that infection is always possible as a result of obtaining a tattoo/piercing.
11. I agree that any touch-up work needed which is due to my own negligence will be done at my own expense.
12. I understand that if my skin is dark or tanned, the colors of the tattoo will not appear as bright as they do on lighter skin.
13. I acknowledge that the tattoo/piercing will result in a permanent change to my appearance and that my skin may not be restored to its previous condition even if the tattoo/piercing is removed. I understand that the tattoo/piercing may possibly cause my body to scar.

THIS IS A 7-PAGE PACKAGE OF FORMS.