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TATTOO & PIERCING STANDARD RELEASE FORM

Name: _____ Date: ____/____/____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: (____) _____

Date of Birth: ____/____/____ Age: _____ Race: _____ Sex: _____

Emergency Contact: _____ Phone: (____) _____

* In case of an emergency, client acknowledges that they wish to be taken to Brandon Regional Hospital.

_____ Initials

Bleeding Disorders: ____ Yes ____ No If Yes, List: _____

Allergies/Skin Conditions: _____

I acknowledge that I am at least 18 years old. I do not have a heart condition. I am not diabetic. I haven't had hepatitis within the last year. I am not a hemophiliac (bleeder). I do not have epilepsy. I am not under the influence of drugs or alcohol. To my knowledge, I do not have a physical, mental, or medical impairment or disability, which might affect my well-being as a direct or indirect result of my decision to have any tattoo/piercing done at this time. Being of sound mind and body, I hereby release any and all persons representing Legacy Tattoo from all responsibility. I accept any and all responsibility for myself, for any and all consequences that might arise from my decision to have any tattoo/piercing done by Legacy Tattoo. I agree not to bring suit against Legacy Tattoo or any of its owners/employees, in connection with any and all damages, claims, demands, rights, and causes of action of whatever kind of nature, based upon injuries or property damage to, or death of myself, or any other person arising from my decision to have a tattoo/piercing done at this time, whether or not caused by any negligence of Legacy Tattoo or any person representing Legacy Tattoo. I agree to pay any and all damages and injuries to any and all persons and property belonging to Legacy Tattoo, or any other persons to whom Legacy Tattoo may become liable contractually or by operation of law, caused by, or resulting from my decision to have any tattoo/piercing done by Legacy Tattoo. I agree to pay the reasonable attorney's fees and costs arising from any legal action against Legacy Tattoo brought by myself, my agents, or assigns. I agree to leave the premises of Legacy Tattoo, or any other establishment where Legacy Tattoo is engaged in business, promptly upon request, for any reason whatsoever, by any agent or employee of Legacy Tattoo. I agree that those waivers also pertain to and are designed to protect any and all establishments where Legacy Tattoo conducts business. I represent and warrant to Legacy Tattoo that the above information is true and correct. I have advised the Piercer/Tattoo Artist of any allergies to metals, latex gloves, soaps, and medications. I acknowledge it is not reasonably possible for the Piercer/Tattoo Artist to determine whether I might have an allergic reaction to the piercing/tattoo or process involved in the piercing/tattoo and further acknowledge that such reaction is possible. I have had the aftercare instructions explained to me. I understand all the aftercare instructions as they were explained. I have been given a copy of my aftercare instructions. I agree to follow all instructions concerning the care of my tattoo/piercing while it is healing. I acknowledge infection is always possible as a result of obtaining a piercing/tattoo. I agree that any touch-up work needed, due to my own negligence, will be done at my own expense. I understand that if my skin is dark, the colors may not appear as bright as they do on lighter skin. I realize that my tattoo/piercing is being done in a sterile environment with sterile instruments, sterilized in an Autoclave. I accept any and all responsibility myself for any consequences that might arise from my decision to have any tattoo/piercing work done at Legacy Tattoo.

Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Type of Identification Produced: _____