

In consideration of receiving a Tattoo or Piercing from (Name of Artist or Piercer) \_\_\_\_\_, at (Name of Studio/Shop) \_\_\_\_\_ (together with it's employees, apprentices and independent agents or guests of the "Studio/Shop", in the County of \_\_\_\_\_, within the State of \_\_\_\_\_, I AGREE TO THE FOLLOWING

<input data-bbox="50 310 224 401" type="text"/> Initial	<p>That I, _____ (clearly PRINT your name) have been fully informed of the inherent risks, associated with getting a tattoo or piercing. I fully understand that these risks, known and unknown, can lead to injury, including but not limited to infection, scarring, difficulties in detecting melanoma and allergic reactions to tattoo pigment, latex gloves, and/or soap. Having been informed of the potential risks associated with getting a tattoo, I still wish to proceed with the tattoo application and I freely accept and expressly assume any and all risks that may arise from tattooing.</p>
<input data-bbox="50 531 224 621" type="text"/> Initial	<p>TO WAIVE AND RELEASE to the fullest extent permitted by law each of the Artist and the Tattoo Studio from all liability whatsoever, for any and all claims or causes of action that I, my estate, heirs, executors or assigns may have for personal injury or otherwise, including any direct and/or consequential damages, which result or arise from the application of my tattoo, whether caused by the negligence or fault of either the Artist, or the Tattoo Studio, or otherwise.</p>
<input data-bbox="50 720 224 810" type="text"/> Initial	<p>That both the Artist and the Tattoo Studio have given me the full opportunity to ask any and all questions about the application of my tattoo, and all of my questions have been answered to my total satisfaction.</p>
<input data-bbox="50 888 224 978" type="text"/> Initial	<p>The Artist and the Tattoo Studio have given me verbal and written post procedure instructions on the care of my tattoo while it's healing, and I understand them and will follow them. I acknowledge that it is possible that the tattoo can become infected, particularly if I do not follow the instructions given to me. I agree that it is my responsibility to contact the Studio, Artist or Piercer if there are signs and symptoms of infection, including, but not limited to, redness, swelling, tenderness of the procedure site, red streaks going from the procedure site towards the heart, elevated body temperature, or purulent drainage from the procedure site. If any touch-up work to the tattoo is needed due to my own negligence. If any touch-up work to the tattoo is needed due to my own negligence, I agree that the work will be done at my own expense.</p>
<input data-bbox="50 1087 224 1178" type="text"/> Initial	<p>I am not under the influence of alcohol or drugs, and I am voluntarily submitting to be tattooed by the Artist or pierced by the Piercer without duress or coercion.</p>
<input data-bbox="50 1255 224 1346" type="text"/> Initial	<p>I do not have diabetes, epilepsy, hemophilia, herpes, a heart condition, nor do I take blood thinning medication. I do not have any other medical or skin condition that may interfere with the application or healing of the tattoo. I am not the recipient of an organ or bone marrow transplant or, if I am, I have taken the prescribed preventive regimen of anti-biotics that is required by my doctor in advance of any invasive procedure such as tattooing or piercing. I am not pregnant or nursing. I do not have a mental impairment that may affect my judgment in getting the tattoo. I do not have allergic reactions to latex.</p>
<input data-bbox="50 1434 224 1524" type="text"/> Initial	<p>Neither the Tattoo Artist nor the Studio is responsible for the meaning or spelling of the symbol or text that I have provided to them or chosen from the flash (design) sheets.          TEXT TO BE: _____</p>
<input data-bbox="50 1570 224 1661" type="text"/> Initial	<p>Variations in color and design may exist between the tattoo art I have selected and the actual tattoo when it is applied to my body. I also understand that over time, the colors and the clarity of my tattoo will fade due to unprotected exposure to the sun and the naturally occurring dispersion of pigment under the skin.</p>
<input data-bbox="50 1696 224 1787" type="text"/> Initial	<p>A tattoo is a permanent change to my appearance and can only be removed by laser or surgical means, which can be disfiguring and/or costly and which in all likelihood will not result in the restoration of my skin to its exact appearance before being tattooed.</p>

Initial	I release all rights to any photographs taken of me and the tattoo and give consent in advance to their reproduction in print or electronic form. (If you do not initial this provision, please advise and remind your Tattoo Artist and the Tattoo Studio NOT to take any pictures of you and your completed tattoo!).
Initial	I agree to reimburse each of the Artist, and the Tattoo Studio for any attorneys' fees and costs incurred in any legal action I bring against either the Artist or the Tattoo Studio and in which either the Artist or the Tattoo Studio is the prevailing party. I agree that the that the courts of California State, in Tulare County, shall have personal jurisdiction and venue over me and shall have exclusive jurisdiction for the purpose of litigating any dispute arising out of or related to this agreement.
Initial	I acknowledge that I have been given adequate opportunity to read and understand this document, that it was not presented to me at the last minute, and I understand that I am signing a legal contract waiving certain rights to recover against the Artist and the Tattoo Studio.

If any provision, section, subsection, clause or phrase of this release is found to be unenforceable or invalid, that portion shall be severed from this contract. The remainder of this contract will then be construed as though the unenforceable portion had never been contained in this document.

I hereby declare that I am of legal age (and have provided valid proof of age) and am competent to sign this Agreement or, if not, that my parent or legal guardian shall sign on my behalf, and that my parent or legal guardian is in complete understanding and concurrence with this agreement.

**All Sales Are Final!**

**I HAVE READ THIS AGREEMENT, I UNDERSTAND IT, AND I AGREE TO BE BOUND BY IT.**

Print Full Name:		Date of Birth:	
Full Address:		Telephone:	
<b>Signature of Participant:</b>	X _____	Date:	
<b>Signature of Parent or Legal Guardian. If Participant is a Minor Signature is required below</b>	By signing below as the minors legal guardian or parent, I understand and agree that with my signature and by their signature they, on my behalf, release all claims that both they and I currently have or may have in the future.		
<b>Signature of Parent or Guardian:</b>	X _____	Date:	

Sterile Disposable Equipment \_\_\_\_\_ Colors Used \_\_\_\_\_

COPY OF IDENTIFICATION HERE