

# AMERICAN TATTOO

## CONSENT AND RELEASE FORM

### AGES 16-17 ONLY

Please check any conditions listed below that apply to you.

|   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Diabetes<br><input type="checkbox"/> Epilepsy<br><input type="checkbox"/> T.B.<br><input type="checkbox"/> Hepatitis | <input type="checkbox"/> HIV/ AIDS<br><input type="checkbox"/> Hemophilia<br><input type="checkbox"/> Scarring/Keloiding<br><input type="checkbox"/> Pregnant | <input type="checkbox"/> Heart Condition<br><input type="checkbox"/> Eczema/Psoriasis<br><input type="checkbox"/> Herpes<br><input type="checkbox"/> Nursing | <input type="checkbox"/> Faint or Dizzy<br><input type="checkbox"/> Infections<br><input type="checkbox"/> Asthma<br><input type="checkbox"/> Blood Thinners |
|---|---|--|--|

How long has it been since you last ate? \_\_\_\_\_

Do you have any allergies? \_\_\_\_\_

List any medications you are currently taking. \_\_\_\_\_

Are there any other known MEDICAL CONDITIONS or CONTAGIOUS DISEASES that may affect your TATTOO procedure? \_\_\_\_\_

- I hereby certify that to the best of my knowledge this information is correct.
- All Questions have been answered to my satisfaction.
- I agree the said TATTOO is correctly drawn to my specifications.
- I understand that the said TATTOO is PERMANENT.
- This is to certify that I am at LEAST 16 YEARS OF AGE.
- I am not under the influence of ALCOHOL OR DRUGS.
- I understand there is a possibility of an allergic reaction.
- I understand there is a possibility of an infection.
- I agree to allow for ARTIST INTERPRETATION.
- I agree to follow all instructions concerning the care of my TATTOO.
- I understand that there is a chance I might feel lightheaded, dizzy and/or faint due to my decision to receive a TATTOO.
- I agree to immediately notify the artist in the event I feel lightheaded, dizzy and/or faint before, during or after the procedure. Failure to do so releases AMERICAN TATTOO and ARTISTS of all responsibility.
- I hereby release AMERICAN TATTOO and ARTISTS of all responsibility for the said TATTOO.
- No Refunds.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Driver's License # \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_  
 Design \_\_\_\_\_ Placement \_\_\_\_\_ Artist \_\_\_\_\_

If under 18, child and parent(s) signatures need to be done in presence of a notary. Parent(s) must be present and proper identification must be presented prior to service. **Legal documentation is required if names and addresses do not match.**

I give my permission for my child to receive the said TATTOO.

Parental Signature \_\_\_\_\_ Date \_\_\_\_\_ DL# \_\_\_\_\_

Parental Signature \_\_\_\_\_ Date \_\_\_\_\_ DL# \_\_\_\_\_

Notary Statement

Sworn and Scribed before me on this \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_

Notary \_\_\_\_\_

Seal: