

## TATTOO AND PIERCING RELEASE

I, \_\_\_\_\_, hereby verify that the following statements are all true and factual to the best of my knowledge concerning \_\_\_\_\_.

- I have been informed of the inherent risks associated with receiving a tattoo. I understand that this is an invasive procedure that can result in infection, scarring, and allergic reactions to the ink, needle, latex gloves, soap, and treatment substances. I accept these risks and maintain my desire to receive the tattoo/piercing. I release \_\_\_\_\_ from all legal repercussions; I will not sue, defame, or charge the company or representatives for damages or injuries.
- I have been informed on the correct way to treat and clean my tattoo/piercing. I understand that lax, inconsistent, or incorrect cleaning of my tattoo/piercing can lead to infection.
- I confirm that I do not have epilepsy, a heart condition, diabetes, or hemophilia. I also verify that I am not currently pregnant, nor am I taking drugs, alcohol, or blood-thinning medication. If I am scheduled to have, or have recently had any surgeries or invasive procedures, I verify that I have spoken with my doctor and received authorization to receive this tattoo/piercing.
- I understand that tattoos are permanent and cannot be removed without surgery from a qualified professional. I further understand that tattoos are subject to change over the years and can vary in color, tone, and clarity of pigment.
- I am 18 years old, or I am accompanied by a legal guardian. I am requesting the tattoo/piercing of my own accord and am not under coercion or duress.
- The tattoo that I choose, whether it's an original design or from the flash sheet, is my responsibility. I understand that the tattoo artist holds no accountability for spelling errors or other design flaws. Any changes or additions will be provided at my own expense.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Legal Guardian Signature)

\_\_\_\_\_  
(DOB)

\_\_\_\_\_  
(Date)