

# BAD DECISIONS TATTOOS AND PIERCINGS TATTOO CONSENT FORM

**PLEASE INITIAL EACH PARAGRAPH AFTER READING TO SHOW THAT YOU UNDERSTAND EACH PROVISION**

In consideration of receiving a tattoo or piercing from **Bad Decisions Tattoos and Piercings** including its artists, associates, apprentices, agents, or any employees (hereinafter referred to as the “**Tattoo Studio**”) I agree to the following:

\_\_\_\_\_ - I, \_\_\_\_\_, **(PRINT NAME)** have been fully informed of the 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 the detection of melanoma and allergic reactions to tattoo pigment, **aftercare products** and/or soap. Having been informed of the potential risks associated with getting a tattoo or piercing I wish to proceed with the tattoo/piercing procedure and application and freely accept and expressly assume all risks that may arise from tattooing. ***I do hereby acknowledge that body piercing is a potential health hazard, and that neither this establishment nor the operator is licensed by the City of Laurel.***

\_\_\_\_\_ - The Tattoo Studio has given me instructions on the care of my tattoo or piercing while it is healing. I understand and will follow them. I acknowledge that it is possible that the tattoo or piercing can become infected, particularly if I do not follow the instructions given to me. 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.

\_\_\_\_\_ - I am not under the influence of alcohol or drugs, and I am voluntarily submitting to be tattooed or pierced by the Tattoo Studio without duress or coercion.

\_\_\_\_\_ - I do not suffer from ***diabetes, epilepsy, hemophilia, jaundice, hepatitis, heart condition(s), nor do I take blood thinning medication.*** I do not have any other medical or skin condition that may interfere with the procedure, application, or healing of the tattoo or piercing. I am not the recipient of an organ or bone marrow transplant or, if I am, I have taken the prescribed preventative regimen of antibiotics 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 judgement in getting the tattoo or piercing.

\_\_\_\_\_ - I am not allergic to lidocaine, and consent to the use of a lidocaine solution as a numbing agent during the application of my tattoo. ***If you are allergic to lidocaine or do not want it to be used, please inform your tattoo artist prior to beginning the procedure.*** **(Applies to Tattoos Only)**

\_\_\_\_\_ - The Tattoo Studio is not responsible for the meaning or spelling of the symbol or text that I have provided to them or chosen from flash (design) sheets. The Tattoo Studio has explained risk(s) with certain locations for piercings or the possibility of damage to the enamel of my teeth.

\_\_\_\_\_ - 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. 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 will not result in the restoration of my skin to its exact appearance before being tattooed.

\_\_\_\_\_ - I release the right to any photographs taken of me and the tattoo and give consent in advance to their reproduction in print or electronic form. ***(For assurance, if you do not initial this provision, please inform the Tattoo Studio NOT to take any pictures of you and your completed tattoo).***

**COMPLETE FRONT AND BACK**- Incomplete forms will result in services being declined.

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\_\_\_\_\_ - I agree that the Tattoo Studio has a **NO REFUND** policy on tattoos, piercings and/or retail sales and I will not ask for a refund for any reason whatsoever.

\_\_\_\_\_ - I agree to reimburse the Tattoo Studio for any attorneys' fees and costs incurred in any legal action I bring against the Tattoo Studio and in which the Artist of the Tattoo Studio is the prevailing party. I agree that the courts located in the County of Prince George's within the State of Maryland shall have authority and venue over me and shall have exclusive authority for the purposes of litigating any dispute arising out of or related to this agreement. I **WAIVE AND RELEASE** to the fullest extent permitted by law any person of the Tattoo Studio from all liability whatsoever, including but not limited to, 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 procedure and application of my tattoo or piercing, whether caused by the negligence or fault of either the Tattoo Studio, or otherwise.

\_\_\_\_\_ - 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 grasp that I am signing a legal contract waiving certain rights to recover damages against 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 identification**) and am competent to sign this Agreement.

**\*\*PLEASE ASK YOUR ARTIST ABOUT THE ESTIMATED PRICE OF YOUR TATTOO BEFORE BEGINNING THE TATTOO\*\*** *It is your responsibility to confirm the estimated price of the tattoo, and we assume no responsibility for any misunderstanding in this regard. Estimates are not final prices as that is determined by the beginning of your session until the end of the session.*

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

**PRINT NAME:** \_\_\_\_\_

**ADDRESS (City, State, & Zip Code):** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**SIGNATURE & DATE** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**UNDER 18 PARENT SIGNATURE (PIERCINGS ONLY):** \_\_\_\_\_

**IDENTIFICATION & ID NUMBER:** \_\_\_\_\_

**(Example:** License-T-100-200-567-98 or Permit or Identification Card issued by MVA or School ID)

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