



STANDARD RELEASE FORM

☐ I am at least 18 years old, or I am accompanied by my Mother, Father or legal guardian.
☐ I don't have a heart condition. I don't have epilepsy. I haven't had hepatitis within the past year. I am not a hemophiliac.
☐ If I am HIV+ or have AIDS, Hepatitis or Syphilis then I will alert an employee of (Business Name) before any work takes place.
☐ I am not under the influence of drugs or alcohol ☐ I am not pregnant or nursing ☐ I have eaten in the past 4 hours
☐ To my knowledge I don't have any physical, mental or medical impairment or disability which might affect my wellbeing as a direct or indirect result of my decision to have tattoo-related work or a body piercing done at this time
☐ I agree not to sue (Business Name) 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 persons arising from my decision to have tattoo-related work or body piercing done at this time, whether or not caused by any negligence of (Business Name)
☐ I acknowledge that I have been given aftercare instructions and I agree to follow all instructions concerning the care of my tattoo and/or body piercing while it is healing. I agree that any touch-up work needed, due to my own negligence will be done at my own expense.
☐ Being of sound mind and body, I hereby release any and all persons representing (Business Name) of (City, State) from all responsibility, I accept any and all responsibility myself for any consequences that might stem from my decision to have tattoo-related work or a body piercing done by (Business Name)
☐ I have been told and I am aware of the risks of getting a body piercing and/or tattoo. These risks include but are not limited to scarring, bruising, swelling, disfigurement, rejection, allergic reactions, irritation and pain.
☐ I understand that tattoos on the hands, feet and lips are NOT guaranteed and the tattoo may fade or fall out completely.
☐ I understand that I am getting a body art procedure done in a safe, clean environment using sterile equipment. I understand that there are variables that (Business Name) cannot control while your body art is healing. It is my responsibility to keep my body art clean and follow all aftercare instructions. I understand that tattoos and / or body piercings are NOT guaranteed to heal, however (Business Name) will to the best of their ability help me to troubleshoot any problems that may occur during and after the healing process. This troubleshooting or advice does not take place of the diagnosis of a medical professional
☐ I have been given verbal and written aftercare instructions and I understand them.

Do you have a history of bleeding disorders? _____
Do you have now or ever contracted Hepatitis A,B, or C or Syphilis or are HIV+? _____
Do you have any allergies including latex, metals, soaps, creams, medicines, etc.? _____

Name: (last, first, middle) _____

Address: _____

D.O.B. _____ Age: _____ Race: _____ Sex: _____ Phone: _____

DL# : _____ E-Mail: _____

How did you hear about us? _____

Emergency contact information (Do NOT write 911):

Name: _____ Relationship: _____ Phone: _____

Address: _____

I acknowledge that I have read and understand this form and all information stated is true and correct.

Signature: _____ Minor Signature (if applicable) _____

FOR ARTIST ONLY

Price of Piercing / Tattoo: _____ Time In: _____ Time Out: _____

Artist Signature:  _____