

THUNDER VOLT TATTOO

CONSENT TO APPLICATION OF TATTOO WAIVER/RELEASE FORM

Please place a checkmark beside all then points. If any point is not understood, please ask any representative or independent contractors of _____(insert studio name and address) before the tattoo is started.

1. ☐ I am not a hemophiliac (bleeder). I do not have diabetes, epilepsy , hepatitis, HIV, AIDS, or any communicable disease. I am not under the influence of alcohol and/or drugs.
2. ☐ I acknowledge that it is not reasonably possible for the representatives and independent contractors of _____(insert name of studio) to determine whether I might have an allergic reaction to the pigments or process used in my tattoo, and I agree to accept the risk that such a reaction is possible.
3. ☐ I acknowledge that infection is always possible as a result of obtaining a tattoo, particularly in the event that I do not take proper care of my tattoo. **I will follow the aftercare instructions provided to me.** I agree that any touch-up work required because of my own negligence, will be done at my own expense.
4. ☐ I realize that variations in color and design may exist between any tattoo as selected by me and as ultimately applies to my body. I understand that if my skin color is dark, the colors will not appear as bright as they do on lighter colored skin.
5. ☐ I acknowledge that the artists are not translators and cannot guarantee the spelling or meaning of foreign words or symbols. I confirm that the spelling of any words to be used for the tattoo are correct and to my liking.
6. ☐ I acknowledge that a tattoo is a permanent change to my appearance and that no representations have been made to me as to the ability to later change or remove my tattoo. To my knowledge, I do not have any physical, mental, or medical impairment or disability which might affect my well-being as a direct or indirect result of my decision to have any tattoo-related work done at this time.
7. ☐ I acknowledge that I have truthfully represented to the independent contractors and representative of _____(insert studio name) that I am of the age of eighteen (18) or older and that the following information is true and correct.
8. ☐ I acknowledge that obtaining my tattoo is by my choice alone and I consent to the application of the tattoo andto any action or conduct or conduct of the independent contractors and representatives of _____(insert studio name) necessary to perform the tattoo procedure.
9. ☐ I agree to release and forever discharge and hold harmless _____(insert studio name) and all its independent contractors form any and all claims, damages, and legal actions arising form or connected in any way with my tattoo and the procedures and conduct used to apply my tattoo.

Signature:_____Date:_____

Email:_____Name:_____Date of Birth:_____

Cell Number:_____