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[www.inkophilia.com](http://www.inkophilia.com)

TATTOO/PIERCING CONSENT FORM

NAME \_\_\_\_\_ DOB \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

PLEASE **INITIAL IN THE SPACE PROVIDED** AFTER READING EACH PROVISION TO SHOW THAT YOU UNDERSTAND IT. PLEASE FEEL FREE TO ASK ANY QUESTIONS REGARDING THIS CONSENT FORM.

In consideration of receiving a tattoo/piercing from Inkophilia, LLC including its artists, associates, apprentices, agents or any employees, (hereinafter referred to as the "Studio"), for this and all future appointments, I agree to the following:

\_\_\_\_\_ 1. I have been fully informed of the inherent risks associated with getting a tattoo/piercing. I fully understand that these risks, known and unknown, can lead to injury including but not limited to: infection, scarring, and allergic reactions to ink, latex gloves and/or soap. Having been informed of the potential risks, I wish to proceed with the tattoo/piercing procedure and freely accept and expressly assume all risks that may arise from the procedure.

\_\_\_\_\_ 2. I WAIVE AND RELEASE to the fullest extent permitted by law any person of the 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/piercing, whether caused by the negligence or fault of either the Studio or otherwise.

\_\_\_\_\_ 3. The Studio has given me the full opportunity to ask any questions about the procedure and application of my tattoo/piercing and all of my questions, if any, have been answered to my total satisfaction.

\_\_\_\_\_ 4. The Studio has given me instructions on the care of my tattoo/piercing while it is healing. I understand and will follow them. I acknowledge that it is possible that the tattoo/piercing can become infected, particularly if I do not follow the instructions given to me. If any follow up work is needed due to my own negligence or any allergic reaction to inks, I agree that the work will be done at my own expense. If there is an allergic reaction to ink and it is rejected by the skin, a touch up can be done at the cost of \$30 which covers the cost of supplies used for the touch up.

\_\_\_\_\_ 5. I am not under the influence of alcohol or drugs, and I am voluntarily submitting to be tattooed/pierced by the Studio without duress or coercion.

\_\_\_\_\_ 6. I do not suffer from diabetes, epilepsy, hemophilia, heart conditions, 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/piercing. I am not the recipient of an organ or bone marrow transplant or, if I am, I have taken the prescribed regimen of antibiotics that is required by my doctor in advance of any invasive procedures such as tattooing or piercing.

**CONTINUED ON BACK!**

\_\_\_\_\_ 7. I release the right to any photographs taken of me and the tattoo/piercing 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 Studio not to take any pictures of you and your completed tattoo/piercing.)

\_\_\_\_\_ 8. I understand that the 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!

\_\_\_\_\_ 9. I agree to reimburse the Studio for any attorney's fees and costs incurred in any legal action I bring against the Studio and in which either the artist or the Studio is the prevailing party. I agree that the courts located in the Parish of Lafayette, within the State of Louisiana shall have jurisdiction and venue over me and shall have exclusive jurisdiction for the purpose of litigating any dispute arising out of or related to this agreement.

\_\_\_\_\_ 10. 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 that I am signing a legal contract waiving certain rights to recover damages against the 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.

I HAVE READ THE AGREEMENT; I UNDERSTAND IT AND I AGREE TO BE BOUND BY IT.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

» How did you hear about us? \_\_\_\_\_ «

**If you are happy with your new tattoo/piercing, please let us know by leaving a good review.  
Thanks for choosing us! We appreciate the opportunity to serve you.**