

TATTOO CONSENT RELEASE FORM

I acknowledge by signing this release form that.

I have been given the full opportunity to ask any and all questions I might have about obtaining a tattoo from Eastwood Tattoos LLC. Artist Joanne Eastwood
license # BAP-TA 10220616

I acknowledge that all my questions have been answered to my complete and total satisfaction.

I expressly acknowledge that I have been advised of the facts and matters set forth below, and I agree as follows:

Initial Below:

_____ I am not under the influence of **alcohol or drugs**.

_____ I do not have acne, freckles, moles, or sunburn in the area to be tattooed that might be agitated by the tattoo process (healing excluded).

_____ I have looked over my design, checked the spelling if applicable, and given my full consent to the application of my tattoo

_____ I acknowledge that I am not pregnant.

_____ I acknowledge that I am free of communicable diseases.

_____ I acknowledge that I have truthfully represented the associates, agents, and representatives of Eastwood Tattoos LLC that I am over eighteen (18) years of age.

_____ I acknowledge it is not reasonably possible for the associates, agents, and representatives of Eastwood Tattoos to determine whether I might have an allergic reaction to the dyes, pigments, or processes used in my tattoo. I agree to accept that such risks are possible.

_____ I acknowledge that infection is always possible as a result of obtaining a tattoo, mainly if I do not take proper care of my tattoo and I have been advised of the signs and symptoms of infection that indicate a need to see medical care.

_____ I acknowledge receipt of written or verbal instructions advising me of proper care for my tattoo and recognize the necessity of following those instructions. All questions about the body art procedure have been answered to my satisfaction.

_____ I acknowledge that variations in color and design may exist between any tattoos as selected by me and as ultimately applied to my body.

_____ I acknowledge that tattooing is a permanent change to my appearance and that no representations have been made to me as to my ability to later change, alter, or remove my tattoo.

_____ I acknowledge that obtaining my tattoo is my choice alone, and I consent to the application of the tattoo and any actions or conduct of the associates, agents or representatives of Eastwood Tattoos LLC. that are reasonably necessary to perform the tattoo procedure.

_____ Being of sound body and mind, I agree for myself, my heir's assigns and legal representative to release and forever discharge and forever hold harmless Eastwood Tattoos LLC and its associates from any and all claims, damages, or legal actions arising from or connected in any way with my tattoo or the procedures and conduct used to apply my tattoo and any and all tattoos connected in any way with my tattoo or the procedures and conduct used to apply my tattoo and any and all tattoos applied by Eastwood Tattoos LLC and its associates, agents, and representatives in the future.

_____ I acknowledge that tattoo inks, dyes, and pigments have not been approved by the federal Food and Drug Administration and the health consequences of using these products are unknown.

_____ I acknowledge that I might feel lightheaded and dizzy during and after being tattooed. I agree to notify the practitioner immediately if I feel lightheaded, dizzy, and/or faint before, during, or after the procedure.

_____ I agree to follow all instructions concerning the care of my tattoo and that any Touch-ups needed because of my negligence will be done at my own Expense.

I, _____ have been fully informed of the risks of tattooing, including but not limited to infection, scarring, difficulties in detecting melanoma, and allergic reactions to tattoo pigment, latex gloves, and antibiotics. Having been informed of the potential risks associated with getting a tattoo, I still wish to proceed with the tattoo application and I assume any and all risks that may arise from tattooing.

Check All that apply:

____ I am allergic

____ I have a heart condition (please explain) _____

____ I am a hemophiliac

____ I am an epileptic

____ I am a diabetic

Signature: _____ Date: _____