



Classic Ink LLC 111 E Grayson St/107B Market St. Llano TX 78643 (325)305-6099 Holly@ClassicInkTattoo.com

Permanent Tattoo Informed Consent & Release Form

I acknowledge by signing this form that I have been given full opportunity to ask any and all questions I might have about obtaining a tattoo from Classic Ink LLC. I acknowledge that all my questions have been answered to my full and total satisfaction. I specifically acknowledge of the facts and matters set forth below, and agree as follows:

- ☐ I am not under the influence of drugs or alcohol.
- ☐ I do not have acne, freckles, moles, or a sunburn in the area to be tattooed that might be agitated by the tattoo process (healing excluded)
- ☐ I have looked over my design, initialed it, checked spelling if applicable and give my full consent to the application of my tattoo.
- ☐ I acknowledge that I am not pregnant.
- ☐ I acknowledge that I am free of communicable disease. I will list any communicable disease below in the health conditions area.
- ☐ I acknowledge that I have truthfully represented to the associates, agents, and representatives of Classic Ink LLC that I am over 18 years of age with a valid and current state or government issued identification.
- ☐ I acknowledge it is not reasonably possible for the associated, agents and representatives of Classic Ink LLC to determine whether I might have an allergic reaction to the dyes, pigments, tape, bandages or processes used in my tattoo and I agree to accept that such risks are possible.
- ☐ 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, and I have been advised of the signs and symptoms of infection that indicate a need to seek medical care.
- ☐ I acknowledge receipt of written instructions advising me of proper care of my tattoo and recognize the absolute necessity of following those written 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 the ability to later change, alter or remove my tattoo.
- ☐ I acknowledge that the obtaining of my tattoo is my choice alone and I consent to the application of the tattoo and to any actions or conduct of the associates, agents or representatives of Classic Ink LLC that are reasonably necessary to perform the tattoo procedure.
- ☐ I agree to release and forever discharge and forever hold harmless Classic Ink LLC and its associates, agents, officers, and shareholders 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 applied by Classic Ink LLC and its associates, agents and representative in the future.
- ☐ I acknowledge that tattoo inks, dyes and pigments have not been approved by the Federal Drug Administration and the health consequences of using these products are unknown.
- ☐ I acknowledge that there is the possibility of discomfort or pain during the tattoo application process and there is a chance I might feel lightheaded, dizzy, or nauseous during or after being tattooed, I agree to immediately notify the artist/practitioner in the event that I feel lightheaded, dizzy, nauseous, 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 own negligence will be done at my own expense.
- ☐ I have the following health conditions _____
- ☐ I am taking the following medications _____
- ☐ I have allergies to the following _____

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, tape, bandages, numbing agents and antibiotics. Having been informed of the potential risks associated with getting a tattoo, I still wish to proceed with tattoo application, and I assume any and all risks that may arise from tattooing.

Signature _____ Date _____

Ink Brand: _____

Colors Used: _____

Single Use Needles Used

Size _____	LOT _____	Exp Date _____	Size _____	LOT _____	Exp Date _____
Size _____	LOT _____	Exp Date _____	Size _____	LOT _____	Exp Date _____
Size _____	LOT _____	Exp Date _____	Size _____	LOT _____	Exp Date _____

COLORS USED

BLK-Black	PRP- Platinum Ruby Port	PDG-Platinum Dark Green
TBK-Triple Black	RD1-Fire Red	PFG-Platinum Forest Green
UNB-Union Black	RD2-Chinese Red	GD1-Green
SM1OZS-Smoke S	PCA-Platinum Candy Apple Red	LFG-Leaf Green
SM1OZM-Smoke M	PPR-Platinum Pure Red	LYM-Lime Green
SM1OZO-Smoke O	PSR-Platinum Scarlet Red	PEG-Platinum Emerald Green
SM1OZK-Smoke K	PCR-Platinum Crimson Red	PAT-Platinum Atomic Green
SM1OZE-Smoke E	MD1-Magenta	PMT-Platinum Mint
GRY201-Grey Wash 20%	RD4-Burgundy Red	TEA-Teal
GRY401-Grey Wash 40%	PRG-Platinum Red Grape	TRQ-Turquoise
GRY601-Grey Wash 60%	PDP-Platinum Deep Pink	PBA-Platinum Blue Abyss
GRY801-Grey Wash 80%	PPK-Platinum Pink	PCB- Platinum Cobalt blue
PGY-Grey	BUB-Bubble Gum	BD1-Blue
WD1-White	HTP-Hot Pink	PDB-Platinum Dark Blue
TWD-Triple White	PSO-Platinum Sedona Orange	ELB-Electric Blue
HWD-Heavy White- Non Mixing	OD5-Orange	PAB-Platinum Azure Blue
PBM-Platinum Bombshell (dark brown)	BRO-Bright Orange	SKB-Sky Blue
PCH-Platinum Chocolate	PCO-Platinum Carrot Orange	PBB-Platinum Baby Blue
BRN-Brown	YD7-Golden Yellow	VD1-Violet
PBN- Platinum Brown	YD4-Canary Yellow	PPP-Platinum Purple
LBR-Light Brown	YD2-Lemon Yellow	TRP-Tropical Purple
PND-Platinum Nude	PSY-Platinum Sunflower Yellow	LAV-Lavender
PSK-Platinum Skin	PHY-Platinum Highlighter Yellow	PLV- Platinum Lavender
RD6-Wine Red	PMY-Platinum Mustard Yellow	MIX001-00 Mixing Solution

Design _____ Location of Tattoo L R M _____ Initialed copy attached _____

Client Name: _____ Client DOB _____ Age: _____
Client Address _____ City _____ State _____ Zip _____
ID Type _____ ID # _____ Exp _____ Copy attached _____

Artist Name: _____ Artist Signature _____ Date _____

Client Signature _____ Date _____

A tattoo artist may not tattoo a person younger than 18 years of age without meeting the requirements of 25 Texas Administrative code, §229.406(d), whose parent or guardian determines it to be in the best interest of the minor child to cover an existing tattoo.