



WAIVER, RELEASE AND CONSENT TO TATTOO

In consideration of receiving a tattoo from *Coast2Coast Ink Tattoo Shop*, I agree to the following:

That I, _____ (clearly PRINT your name) fully understand the process of receiving a tattoo includes the insertion of sterilized needles below surface of the skin. The tattoo process can be uncomfortable and may cause some pain.

I have not been assigned a task that required me to contact human blood or other body fluids (with or without gloves or face protection). I have never received a splash or spill of human blood or body fluids on my skin or clothing when I was doing a job that I was assigned.

TO WAIVE AND RELEASE to the fullest extent permitted by law each of the Artist and the Tattoo Studio from all liability whatsoever, for 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 application of my tattoo, whether caused by the negligence or fault of either the Artist or the Tattoo Studio, or otherwise.

That both the Artist and the Tattoo Studio have given me the full opportunity to ask any and all questions about the application of my tattoo and all of my questions have been answered to my total satisfaction.

The Artist and the Tattoo Studio have given me instructions on the care of my tattoo while it is healing, and I understand them and will follow them. Do not reapply Bandage. Do not use Neosporin. Do not Scratch or pick at Tattoo. No not expose to Direct sunlight. Avoid hot tub, pool and ocean. Avoid tight Clothes on new Tattoo. I understand these instructions and will follow them. I acknowledge that it is possible that the tattoo can become infected, particularly if I do not follow the instructions given to me. If any touch-up work to the tattoo is needed due to my own negligence, I agree that the work will be done at my own expense.

I am not under the influence of alcohol or drugs, and I am voluntarily submitting to be tattooed by the artist without duress or coercion. I am not pregnant or nursing. I do not have any history of herpes infection at the proposed procedure site. I do not have epilepsy, diabetes, I am not HIV positive. I do not have a history of allergic reactions to latex or antibiotics. I do not have a history of cardiac valve disease or suffer from any heart conditions or take medication that thins my blood, hemophilia or other bleeding disorder.

I do not have any other medical or skin condition that may interfere with the application or healing of the tattoo including a history of herpes I am not the recipient of an organ or bone marrow transplant or, if I am, I have taken the prescribed preventive regimen of antibiotics that is required by my doctor in advance of any invasive procedure such as tattooing or piercing. I am not pregnant or nursing. I do not have a mental impairment that may affect my judgment in getting the tattoo.

I acknowledge that obtaining a tattoo is my choice alone. The application of a tattoo will result in permanent change to my appearance, and that needles and ink will go into my skin

If I suffer from hepatitis, or other risk factors for bloodborne pathogen expose, or any other communicable disease, I have informed the Technician of the fact and have been advised of any medications and procedure necessary to promote the satisfactory healing of my tattoo, including being prescribed antibiotics prior to dental or surgical procedures

I have advised the Technician of any allergies to latex gloves, soaps, or medications. I acknowledge it is not possible for the Technician to determine whether I might have allergic reaction to Tattoos process and further acknowledge that such reaction is possible.

I have truthfully represented to the Technician that I am 18 years of age or older. To my knowledge, I do not have any physical, mental, or medical impairment or disability that might affect my wellbeing as a direct or indirect result of my decision to have a tattoo at this time.

I acknowledge infection is always possible as a result of a Tattoo, and I agree to follow all suggested instructions concerning the care of the Tattoo site while it is healing. If swelling and redness last for more than 14days please visit a doctor. If pus starts exiting the tattoo area you should see a doctor. If a layer of brown or green skin accumulates on top of tattoo area please see a doctor.

I acknowledge and give consent to this Tattoo Studio to use images of my tattoo(s) for marketing and, or publishing purposes in various media such as the internet, magazine, printed, and or television etc.

I understand I will have permanent tattoo applied using appropriate instruments and sterilization techniques. I understand that the permanent tattoo site usually takes 2 weeks or longer to heal. I agree to release and forever discharge, and hold harmless, the Technician, all employees, contractors and the management of the tattoo studio from any and all claims of negligence, damages, or legal actions arising from or connected in any way with my tattoo, the procedure, and conduct used in my tattoo and assume all responsibility for the decision(s) made consenting to this permanent procedure.

I HAVE READ THIS AGREEMENT, I UNDERSTAND IT, I AGREE TO BE BOUND BY IT.

Print Full Name: _____ Date of Birth: _____

Address: _____ Telephone: _____

Signature: _____ Date: _____

Email Address: _____ Artist: _____