

CONSENT TO TATTOO PROCEDURE

Surname:	First Name:	Birth Date:	ID:
Address:		Phone #:	E-mail:

I acknowledge by signing this agreement that I have been given the full opportunity to ask any and all questions which I might have about the obtaining of a tattoo and that all of my questions have been answered to my full satisfaction. I specifically acknowledge I have been advised of the facts and matters set forth below and I agree as follows:

- I am not pregnant or nursing. I do not have epilepsy or hemophilia. I do not suffer from any heart conditions or take medication which thins the blood. I do not suffer from high/low blood pressure or tendency of fainting. I have informed my tattoo artist of any condition such as diabetes that might hamper the healing of the tattoo.
- If I suffer from hepatitis, or any other communicable disease, I have informed the tattoo artist of this fact and I have been advised of any procedures necessary to promote the satisfactory healing of my tattoo.
- I do not suffer from medical or skin conditions such as, but not limited to: keloid or hypertrophic scarring, psoriasis at the site of the tattoo or any open wounds, infections, rashes, or lesions at the site of the tattoo.
- I have advised the tattoo artist of any allergies to metals, latex gloves, soaps and medications. I acknowledge it is not reasonably possible for the tattoo artist to determine whether I might have an allergic reaction to the tattoo or processes involved in the tattoo and further acknowledge that such a reaction is possible.
- I have trustfully represented to the tattoo artist that I am over the age of sixteen (16) years. I am not under the influence of drugs or alcohol. 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 a tattoo done at this time.
- I acknowledge that obtaining this tattoo is my choice alone and will result in a permanent change to my appearance, and that no representation has been made to me as to the ability to restore the skin involved in this tattoo to its pre-tattoo condition.
- I acknowledge infection is always possible as a result of obtaining a tattoo. I have received aftercare instructions and agree to follow all of them while my tattoo is healing.
- I understand I will be tattooed using appropriate instruments and sterilization.
- I understand that **Urban Body** reserves all rights to use any photos of my piercing or tattoo taken at the shop.

I hereby release and forever discharge and hold harmless the tattoo artist and all affiliates, Owners, Managers, and Employees from any and all claims, damages or legal actions arising from or connected in any way with my tattoo, or the procedure and conduct used in the making of my tattoo, to the fullest extent allowed by the law.

By signing below, I, _____, or their legal guardian, agree that I have read the Tattoo Release form provided by **Urban Body** and agree to its terms.

Client Signature: _____ **Date:** _____