

Dark Tower Tattoo

PERMANENT COSMETICS / TATTOO CONSENT RELEASE FORM

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

_____ 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 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 acknowledge that I have truthfully represented to the associates, agents, and representatives of Dark Tower Tattoo that I am over eighteen (18) years of age.

_____ I acknowledge it is not reasonably possible for the associates, agents, and representatives of Dark Tower Tattoo to determine whether I might have an allergic reaction to the dyes, pigments, 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 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 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 instructions.

_____ All questions about the body or 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 Dark Tower Tattoo that are reasonably necessary to perform the tattoo procedure.

_____ I agree to release and forever discharge and forever hold harmless Dark Tower Tattoo and all its associates, agents, officers, and shareholders from 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 to all tattoos applied by Dark Tower Tattoo 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. tattooed.

_____ I acknowledge that there is a chance i might feel lightheaded or dizzy during or after being tattooed.

_____ I agree to immediately notify the practitioner in the event I feel lightheaded or dizzy and/or faint before, during, or after the procedure.

_____ I agree to the following instructions concerning the care of my tattoo, and that any touch ups needed are because of my own negligence and 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 all risks that may arise from this procedure.

I was presented all single use needles in a sterile and sealed package, that are to be used during the tattoo procedure. _____

These items were opened in my presence. _____

Print name: _____

Address: _____

Email: _____

Date of birth: _____

Signature: _____

Date: _____