

ZOE'S TATTOOS, PIERCINGS AND FINE ART

1161 SOUTH 4TH STREET



CONSENT TO APPLICATION OF TATTOO AND RELEASE WAIVER OF ALL CLAIMS

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:

- IF I HAVE ANY CONDITION THAT MIGHT AFFECT THE HEALING OF THIS TATTOO, I WILL ADVISE MY TATTOOER. I AM NOT PREGNANT OR NURSING. I AM NOT UNDER THE INFLUENCE OF ALCOHOL OR DRUGS.
- I DO NOT HAVE MEDICAL OR SKIN CONDITIONS SUCH AS BUT NOT LIMITED TO: ACNE, SCARRING (KELOID) ECZEMA, PSORIASIS, FRECKLES, MOLES OR SUNBURN IN THE AREA TO BE TATTOOED THAT MAY INTERFERE WITH SAID TATTOO. IF I HAVE ANY TYPE OF INFECTION OR RASH ANYWHERE ON MY BODY, I WILL ADVISE MY TATTOOER.
- I ACKNOWLEDGE IT IS NOT REASONABLY POSSIBLE FOR THE REPRESENTATIVES AND EMPLOYEES OF THIS TATTOO SHOP TO DETERMINE WHETHER I MIGHT HAVE AN ALLERGIC REACTION TO THE PIGMENTS OR PROCESSES USED IN MY TATTOO, AND I AGREE TO ACCEPT THE RISK THAT SUCH A REACTION IS POSSIBLE.
- I ACKNOWLEDGE THAT INFECTION IS ALWAYS POSSIBLE AS A RESULT OF THE OBTAINING OF A TATTOO, PARTICULARLY IN THE EVENT THAT I DO NOT TAKE PROPER CARE OF MY TATTOO. I HAVE RECEIVED AFTERCARE INSTRUCTIONS AND I AGREE TO FOLLOW THEM WHILE MY TATTOO IS HEALING. I AGREE THAT ANY TOUCH-UP WORK NEEDED, DUE TO MY OWN NEGLIGENCE, WILL BE DONE AT MY OWN EXPENSE.
- I REALIZE THAT VARIATIONS IN COLOR AND DESIGN MAY EXIST BETWEEN ANY TATTOO AS SELECTED BY ME AND AS ULTIMATELY APPLIED TO MY BODY. I UNDERSTAND THAT IF MY SKIN COLOR IS DARK, THE COLORS WILL NOT APPEAR AS BRIGHT AS THEY DO ON LIGHT SKIN.
- I UNDERSTAND THAT IF I HAVE ANY SKIN TREATMENTS, LASER HAIR REMOVAL, PLASTIC SURGERY OR OTHER SKIN ALTERING PROCEDURES, IT MAY RESULT IN ADVERSE CHANGES TO MY TATTOO.
- I ACKNOWLEDGE THAT A TATTOO IS A PERMANENT CHANGE TO MY APPEARANCE AND THAT NO REPRESENTATIONS HAVE BEEN MADE TO ME AS TO THE ABILITY TO LATER CHANGE OR REMOVE MY TATTOO. TO MY KNOWLEDGE, I DO NOT HAVE A 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.
- I ACKNOWLEDGE I AM OVER THE AGE OF EIGHTEEN AND THAT I HAVE TRUTHFULLY REPRESENTED TO MY TATTOOER THAT THE OBTAINING OF A TATTOO IS BY MY CHOICE ALONE. I CONSENT TO THE APPLICATION OF THE TATTOO AND TO ANY ACTIONS OR CONDUCT OF THE REPRESENTATIVES AND EMPLOYEES OF THE TATTOO SHOP REASONABLY NECESSARY TO PERFORM THE TATTOO PROCEDURE.
- I ACKNOWLEDGE I HAVE NOT INGESTED AN ANTICOAGULANT THAT THINGS THE BLOOD OR INTERFERES WITH BLOOD CLOTTING WITHIN THE PAST 24-HOURS.

*****YOU MUST BE AT LEAST 18 YEARS OLD*****

NAME _____ DOB _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____ DESIGN & LOCATION _____
SIGNATURE _____ DATE _____

Subscribed and sworn before me this _____ day of _____, 20_____.

NOTARY PUBLIC SIGNATURE _____

NOTARY PUBLIC NAME _____

STATE _____ COUNTY OF _____

My commision expires _____

Notary Seal or Stamp

