

Print full name: _____
Phone: _____
Email: _____
Address: _____

OFFICE USE ONLY

State/Drivers License #: ____/_____
Birthdate: __/__/__

HAUNTED HANDS LLC RELEASE/CONSENT FORM

In consideration of receiving a tattoo by

(Your artist's name): _____

at Haunted Hands Studio, I understand and agree to the following:

- >I am at least 18 years old
- >I am aware of the inherent risks of receiving a tattoo, I have asked the artist any and all questions I may have about the process of receiving a tattoo at this shop, and the artist has answered all of my questions to my satisfaction.
- >The artist has given me complete instructions for the aftercare of my tattoo. I have read them, I understand the importance of my attention to them, and I understand that any consequence that arises from my neglect of these instructions (including loss of ink or infection) is completely my fault. Repairs may be done at my expense.
- >I am in good health today, or have informed the artist if I am not.
- >I am not impaired by drugs or alcohol.
- >I have reviewed the final design for my tattoo and approved it. The artist has given me the opportunity to make changes. Everything is spelled, numbered, and portrayed correctly.
- >I understand that tattoos becoming blurred or faded over time is normal. Touchups are free up until 6 months of receiving the tattoo IF it is determined by the artist that they are necessary and the issue is not the result of the client's failure to follow care instructions.
- >I understand that reactions (allergic or otherwise) to certain inks/ointments/solutions are possible.

PLEASE CHECK IF ANY OF THESE APPLY TO YOU:

- | | |
|----------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hemophilia |
| <input type="checkbox"/> Heart conditions | <input type="checkbox"/> Pregnancy/Nursing |
| <input type="checkbox"/> Skin conditions | <input type="checkbox"/> Recent or upcoming surgery |
| <input type="checkbox"/> Recent injury or infection | <input type="checkbox"/> Immune deficiencies |
| <input type="checkbox"/> Prone to infections or scarring | |

OR IF YOU ARE ON ANY OF THE FOLLOWING MEDICATIONS:

- Antibiotics Blood thinners Skin/acne medication

I agree to waive and release to the fullest extent permitted by law of the artist and studio from all liability, for any and all claims or causes of action that I may have for personal injury or otherwise, including direct or consequential damages which may arise from getting tattooed. I have answered all questions honestly and to the best of my ability.

Signature: _____

Date: __/__/__

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