

# PINSTRUCK TATTOOS

## Consent to Application of Tattoo and General Release of All Claims

By signing this CONSENT and RELEASE form I acknowledge that I have been given full opportunity to ask any and all questions which I have about getting a tattoo at Pinstruck. It is my choice to be tattooed at my own risk. **In order for proper healing of your body art procedure, we ask that you disclose if you have or have had any of the following conditions.**

	YES	NO
*I am at least 18 of years of age	[ ]	[ ]
*I am under the influence of alcoholic beverages (wine, beer, or spirits)	[ ]	[ ]
*I am under the influence of controlled substance (drugs of prescription medication)	[ ]	[ ]
*I am <b>PREGNANT</b>	[ ]	[ ]
*I have diabetes	[ ]	[ ]
*I have a history of skin diseases, skin lesions or skin sensitivities to soaps, disinfectants	[ ]	[ ]
*I have a history of allergies or adverse reactions to pigments, dyes or other skin sensitivities	[ ]	[ ]
*I have a history of epilepsy, seizures, fainting or narcolepsy	[ ]	[ ]
*I have a history of hemophilia(bleeding)	[ ]	[ ]
*I am taking medications such as anticoagulants which thin the blood and/or interferes with blood clotting.	[ ]	[ ]
*I understand that tattooing is a PERMANENT change to my appearance and it may be impossible to change or remove it later.	[ ]	[ ]

I understand that infection and scarring is ALWAYS possible as a result of tattooing, especially IF I DO NOT TAKE PROPER CARE OF MY TATTOO, practice basic hygiene or if the tattoo becomes injured while healing. (Injury includes scratching or picking of the skin while the tattoo is healing.) I hereby release and forever discharge the business of PINSTRUCK TATTOOS, the owners and employees of PINSTRUCK TATTOOS and the artist who does my tattoo, their heirs, executors, agents, assigns and all other persons, corporations and entities of any and all liability, claims, demands, damages, actions, causes of action or suits of any kind for injuries of any nature, both known and unknown, to my person or property which may result from my request to be tattooed. This includes but is not limited to, entering, exiting, or being on the property owned or leased by owners of PINSTRUCK TATTOOS or PINSTRUCK TATTOOS. It includes any liability connected in any way with the procedures, equipment, ink, dyes, pigments, or conduct used in connection with the application of tattoo, the artists interpretation of the tattoo design, the location or placement on my body, the quality of workmanship, spelling of word(s) or name(s), color scheme, shading and size of the tattoo design. I acknowledge that PINSTRUCK TATTOO reserves the right to refuse service to anyone for any reason at any time.

**I have read this entire CONSENT and RELEASE form and i agree to its terms**

(PRINT) Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Birth Date \_\_\_\_\_ ID type (Photo and Birth date) \_\_\_\_\_

SIGNATURE \_\_\_\_\_ Todays Date \_\_\_\_\_

\*\*\*\*\* UNDER 18 ONLY \*\*\*\*\*

I am the parent / legal guardian of \_\_\_\_\_ who is under the age of 18.

I hereby grant permission for him/ her to be tattooed. ( photo ID and proof of relationship are required.)

(PRINT) Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

SIGNATURE \_\_\_\_\_ Todays Date \_\_\_\_\_

Artist \_\_\_\_\_ Tattoo Design \_\_\_\_\_ Price \_\_\_\_\_