

TATTOO RELEASE FORM

Consent to Application of Tattoo

Release and Waiver of All Claims

WE DO NOT TATTOO ANYONE WITH EPILEPSY, HEPATITIS, HIV POSITIVE, DIABETICS, MINORS OR PREGNANT WOMEN.

I am at least 18 years of age. If less than 18, kindly ask your parent(s) or guardian to come in person to sign the waiver.

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

• I acknowledge that it is not reasonably possible for the representative and employees of **KDzTattoos** to determine whether I might have an allergic reaction to dyes and pigments or the procedures used in my tattoo, and **I agree to accept the full risk that such a reaction is possible.** (Note that alcohol or chemicals in the system may react with some inks)

• To my knowledge I **do not** have diabetes, epilepsy, I am not HIV positive. I understand that any of these medical conditions could result in the infection of a tattoo. I will tell the artist of any medication that I take on a regular basis.

• I acknowledge that infection is always possible as a result of obtaining a tattoo, particularly in the event that I do not take proper care of my tattoo. **(No tattoos are given if you are infected with cold or flu. Please come back when you are well.)**

• I acknowledge receipt of written instructions advising me of the proper care of my tattoo as selected by me, and I recognize the necessity for following these instructions.

• I realize that variations of color and design may exist between my tattoo as selected by me as ultimately applied to my body.

• I acknowledge that I have truthfully represented to employees, agents and representatives of **KDzTattoos** that **I am over the age of 18, with photo ID.**

• I acknowledge that my tattoo is a permanent change to my appearance and no representatives of **KDzTattoos** have misrepresented my ability to later change or remove my tattoo, at additional cost.

• I acknowledge that the obtaining of my tattoo is by my choice alone and I consent to the application of the tattoo and to any actions or conduct the employees of **KDzTattoos** deem reasonably necessary to perform the tattoo procedure.

• I agree to release and forever discharge and hold harmless **KDzTattoos**, it's agents and employees from any and all claims, damages, or legal actions arising from or connected in any way to my tattoo or the procedures and conduct used to apply the tattoo.

• I give full photographic release of the pictures taken of my finished tattoo as it may be used in publicity or print material as well as placed on display in the **KDzTattoos** portfolio.

• I understand that some skin tones will not hold some colors of ink, and **KDzTattoos** does not guarantee brightness of color. We use the highest quality of ink available. Your tattoo will change, depending on how you care for it.

Signature _____

Name _____

Driver's License / ID # _____

Birth Date _____

Cell:p _____

Email: _____

Date _____

Tattoo _____

Location _____

Price _____

Artist _____

Needles _____