



COLORFAST STUDIOS 2 TATTOO RELEASE FORM



Name: _____

Address: _____

Date of Birth: _____ Home Phone: _____

I, <<First_Name>> <<Last_Name>>, 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:

___ I acknowledge I am over the age of 18 and that I have truthfully represented to my tattoo artist that the obtaining of this tattoo is by my choice alone. I consent to the application of the tattoo and any actions necessary to perform the procedure.

___ I am not pregnant or nursing. I do not have epilepsy or hemophilia. I do not suffer from any heart conditions or take medication which thins the blood. I have informed my tattoo artist of any condition such as diabetes that might hamper healing of the tattoo. I have not had hepatitis within the last year.

___ I am not under the influence of drugs or alcohol. To the best of my knowledge I do not have any physical, mental, or medical impairments or disability, which might affect my well being as a direct or indirect result of my decision to have any tattoo related work done at this time.

___ 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.

___ I acknowledge it is not reasonably possible for the representatives and employees of COLORFAST STUDIOS 2 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 agree for myself, my heirs, assigns and legal representatives to hold COLORFAST STUDIOS 2 harmless from all damages, actions, causes of action, claim judgments, costs of litigations, attorney's fees and all other costs and expenses which might arise from my decision to have any tattoo related work done by COLORFAST STUDIOS 2.

___ I understand I will be tattooed using sterilized instruments and appropriate techniques. I understand that this type of tattoo usually takes up to two (2) weeks or longer to heal. 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.

___ I agree that these waivers also pertain to and are designed to protect any and all establishments where COLORFAST STUDIOS 2 conducts business.

Customer Signature: _____ **Date:** _____ **Age:** _____

OCCUPATION _____ RACE _____ SEX: _____

EMERGENCY CONTACT _____ PHYSICIAN _____
Name & Phone Number _____ Name & Phone Number _____

*****DO NOT WRITE BELOW THIS LINE*****

ARTIST NAME _____ PRICE \$ _____ CASH / CREDIT

TYPE OF DESIGN _____ LOCATION ON BODY _____