



PERMANENT COSMETICS/TATTOO CONSENT RELEASE FORM

I acknowledge by signing this release that I have been given the full opportunity to ask any and all questions I might have about obtaining a tattoo from JD TATTOOING. I acknowledge that all my questions have been answered to my full and total satisfaction. I specifically acknowledge that I have advised of all the facts and matters set forth below, and I agree as follows: **(PLEASE INITIAL BOXES)**

I am not under the influence of drugs or alcohol.

I do not have acne, freckles, moles or sunburn on the area to be tattooed that might be agitated by the tattoo process (healing excluded).

I have looked over my design, checked the spelling if applicable, and give my full consent to the application of the tattoo.

I acknowledge that I am not pregnant.

I acknowledge that I am free of communicable disease.

I acknowledge that I have truthfully represented to the associates, agents, apprentices and representatives of JD TATTOOING that I am over eighteen (18) years of age.

I acknowledge it is not reasonably possible for the associates, agents, apprentices and representatives of JD TATTOOING to determine whether I might have an allergic reaction to the dyes, pigments or processes used in my tattoo and I agree to accept that such risks are possible.

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, and I have been advised of the signs and symptoms of infection that indicate a need to seek medical care.

I acknowledge receipt of written instructions advising me of proper care of my tattoo and recognize the absolute necessity of following those written instructions. All questions about the body art procedure have been answered to my satisfaction.

I acknowledge that variations in color and design may exist between any tattoos as selected by me and as ultimately applied to my body.

I acknowledge that tattooing is a permanent change to my appearance and that no representations have been made as to the ability to later change, alter or remove my tattoo.

I acknowledge that the obtaining of my tattoo is my choice alone, and I consent to the application of the tattoo and to any actions or conduct of the associates, agents, apprentices and representatives of JD TATTOOING that are reasonably necessary to perform the tattoo procedure.

I agree to release and forever discharge and forever hold harmless the associates, agents, apprentices and representatives of JD TATTOOING from any and all claims, damages or legal actions arising from or connected in any way with my tattoo or the procedures and conduct used to apply my tattoo and any and all tattoos applied by the associates, agents, apprentices and representatives of JD TATTOOING in the future.

I acknowledge that the tattoo inks, dyes and pigments have not been approved by the Food and Drug Administration and the health consequences of using these products are unknown.

I acknowledge that there is a chance I might feel lightheaded or dizzy during or after being tattooed. I agree to immediately notifying the practitioner in the event I feel lightheaded, dizzy and/or faint before, during or after the procedure.

I agree to follow all instructions concerning the care of my tattoo and that any touch up needed due to my own negligence will be done at my own expense.

I agree to the release of all videography and photography associated with my tattoo for the use of marketing, social media posting or any such use.

I acknowledge that JD TATTOOING, and all the associates, agents, apprentices and representatives of JD TATTOOING are apprentices and are building experience, and that the completed work may differ from the original artwork intended.

I, _____ have been fully informed of the risks of tattooing including but not limited to infection, difficulties in detecting melanoma and allergic reactions to tattoo pigment, latex gloves and antibiotics. Having been informed of all potential risks associated with getting a tattoo, I still wish to proceed with tattoo application and I assume any and all risks that may arise from tattooing.

Signature: _____

Procedure Description: _____

Date: _____

Artist: _____