

ARTIST AT LARGE WORLD HEADQUARTERS
CONSENT TO APPLICATION OF TATTOO AND RELEASE AND WAIVER OF ALL CLAIMS

Do you have any allergies to the following? (CIRCLE YES/NO)

ANTIBIOTICS.....YES/NO
SOAPS.....YES/NO
COSMETICS.....YES/NO
LATEX.....YES/NO
METALS.....YES/NO
ALCOHOL.....YES/NO
Other: _____

TAKING ANY MEDICATION.....YES/NO
IF YES, TYPE? _____
PREGNANT.....YES/NO
NURSING.....YES/NO
HEART CONDITION.....YES/NO
SKIN CONDITION.....YES/NO
Other: _____

Do you currently or have you ever had any communicable disease or infection?YES/NO
HEPATITIS.....YES/NO
TUBERCULOSIS.....YES/NO
GONORRHEA.....YES/NO
SYPHILIS.....YES/NO
HERPES.....YES/NO
HIV.....YES/NO
STAPH.....YES/NO
FAINTING OR DIZZINESS.....YES/NO
HIGH BLOOD PRESSURE.....YES/NO
SUBJECT TO RASHES.....YES/NO
IV DRUG USE.....YES/NO
DIABETIC.....YES/NO
EPILEPTIC.....YES/NO
SENSITIVE SKIN.....YES/NO
Other: _____ YES/NO

I acknowledge by signing this writing that I have been given the full opportunity to ask any and all questions I might have about obtaining a tattoo or piercing from my artist; and all my questions have been answered to my full and total satisfaction. I specifically acknowledge that I have been advised of the facts and matters set forth below, and by my initials I agree as follows:

_____ I acknowledge that it is not reasonably possible for my artist to determine whether I might have an allergic reaction to the dyes, pigments or processes used in my tattoo, and I agree to accept the risk that such a reaction is possible.

_____ I acknowledge that infection is always possible, particularly in the event that I do not take proper care of my tattoo /piercing.

_____ I acknowledge receipt of written instructions advising me of the proper care of my tattoo /piercing and I recognize the absolute necessity for following those instructions.

_____ TATTOO ONLY: I realize variations in color and design may exist between any tattoo represented on paper selected by me and as ultimately applied to my body.

_____ TATTOO ONLY: I acknowledge that a tattoo is considered permanent; that it can only be removed by a surgical procedure; that any removal may leave permanent scarring and disfigurement.

_____ I acknowledge that I have truthfully represented to my artist that I am over 18 years; or that my parent or legal guardian is signing below because I am a minor.

_____ I acknowledge that the obtaining of my tattoo/piercing is by my choice alone and I consent to the application of the tattoo or piercing.

_____ I acknowledge that I am not under the influence of drugs or alcohol or any intoxicating substance at the time the tattoo/piercing is given.

_____ TATTOO ONLY: I hereby give my artist permission to copyright and/or use and/or publish photographic portraits or pictures of me or in which I may

be included in whole or in part or reproductions thereof made through any media for art, advertising, or any other lawful purpose whatsoever. I waive any right I may have to inspect and/or approve the finished product or the use to which it may be applied.

_____ I agree to release and forever discharge and hold harmless my artist and the studio in which my tattoo/piercing is applied from any and all claims, damages or legal actions arising from or connected in anyway with my tattoo or the procedure and conduct used to apply my tattoo/piercing or the processing or production of any said pictures.

HAVING READ THE ABOVE, I WARRANT ARTIST AT LARGE TATTOO STUDIO THAT THE FOLLOWING INFORMATION IS TRUE AND CORRECT.

NAME _____ AGE _____ DATE OF BIRTH _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
SIGNATURE _____ DATE _____ PHONE (____) _____

DO NOT WRITE BELOW THIS LINE

TATTOO OR PIERCING _____ LOCATION _____
PRICE _____ DATE _____ ARTIST _____

