



CONSENT TO TATTOO PROCEDURE

____ I acknowledge by signing this agreement that I have been given the full opportunity to ask any and all questions, which I may have about obtaining a tattoo and that all of my questions have been answered to my full satisfaction.

I specifically acknowledge that I have been advised of the facts and matters set forth below and I agree as follows:

____ If I have diabetes, epilepsy, hepatitis, hemophilia, HIV-AIDS or any other communicable diseases, heart condition or take any medicine which thins the blood, I have advised my tattoo artist. I am not pregnant or nursing. I am not under the influence of alcohol or any drugs.

____ 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 that it is not reasonably possible for the representatives and employees of this tattoo shop to determine whether I 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 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. I have received aftercare instructions and I agree to follow them while my tattoo is healing. I agree that any touch-up needed due to my own negligence, will be done at my own expense.

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

____ 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. To my knowledge, I do not have a physical, mental, or medical impairment or disability which might affect my well being as a direct or indirect result of my decision to have a tattoo.

____ I fully understand that THE TATTOO ARTIST DOES NOT ACT AS A MEDICAL PROFESSIONAL. Any suggestions made to me are NOT to be construed as or substituted for advice from a medical professional.

____ I understand that any body art on the face, neck, forearm, hand, or lower leg of an individual may automatically disqualify such an individual from military service in the armed forces of the United States.

____ For any questions or concerns regarding safety, sanitization, or sterilization procedures, please contact the Gwinnett County Department of Health- 455 Grayson Hwy. Lawrenceville, GA. 30046/ T: 770-963-5132

NAME: _____ **DATE:** _____ **DATE OF BIRTH:** _____

ADDRESS: _____ **CITY:** _____

STATE: _____ **ZIP:** _____ **PHONE:** _____ **SIGNATURE:** _____

I acknowledge that I have received my aftercare instructions from my tattoo artist.

STUDIO USE ONLY

CLIENT: _____ **DATE:** _____

ARTIST: _____ **STATE#:** _____

TOTAL TATTOO COST: \$ _____

TATTOO:

CARD CASH

DEPOSIT RECEIVED: \$ _____

TIP:

PLACEMENT:

SHOP POS CASH APP

\$ _____