*Ink & Ivy Tattoo Studio*

Tattoo Release Form

\_\_\_\_\_I am not under the influence of drugs or alcohol.

\_\_\_\_\_\_\_I understand that moles, freckles, sunburns, eczema, and other skin conditions can affect the healing process of the tattoo.

\_\_\_\_\_\_\_I have looked over my design, checked the spelling if applicable, and give full consent to receive a tattoo by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_I acknowledge that I am not pregnant or nursing.

\_\_\_\_\_\_\_I acknowledge that I am free of communicable diseases.

\_\_\_\_\_\_\_I acknowledge that I am over 18 years of age and my ID # is\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_I acknowledge that allergic reactions, pigment variation, and irritation can occur and that the artist or Ink&Ivy Tattoo studio is not responsible for this.

\_\_\_\_\_\_I acknowledge that infection is always a possibility with the tattoo process and that I will adhere to the after-care instructions given by the artist.

\_\_\_\_\_\_I acknowledge that certain medications, caffeine, nicotine, and alcohol can affect bleeding and skin tolerance to the tattoo process and that healing may be affected by these.

\_\_\_\_\_\_\_I acknowledge that a tattoo is a permanent change to my appearance.

\_\_\_\_\_\_\_I acknowledge that obtaining this tattoo that it is your choice and your choice alone.

\*\*\*Medications that can affect bleeding: Blood thinners, Aspirin, blood pressure medication, Cholesterol medication, anxiety/depression medications, hormones including replacement and birth controls. Touch ups are more commonly needed when using these medications and follow-up appt may be needed.

\_\_\_\_\_\_\_IF APPLICABLE, I acknowledge that I am being tattooed by an apprentice.

SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ARTIST:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_