



## Consent for Application of Tattoo, Release & Waiver of all Claims & Acknowledgment of Risk

Today's Date: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

I, acknowledge by signing this form that I have been given the opportunity to ask any questions that I might have about getting a tattoo from INK ON INK OFF/ IOIO Studio, and all of my questions have been answered to my complete satisfaction. I specifically acknowledge that I have been advised of the fact and matter below, and agree to as follows:

1) I am at least eighteen (18) years of age. My date of birth is \_\_\_\_\_. The identification I have presented is my own. I am of sound mind, sober and not under the influence of drugs. \_\_\_\_\_

2) I acknowledge that infection is always possible as a result of getting a tattoo, especially if I do not take proper care of the tattoo. \_\_\_\_\_

3) I acknowledge receipt of written instructions advising me of the proper care of my tattoo, I have read them and I recognize the necessity for following those instructions. \_\_\_\_\_

4) I realize that variations in color and design may exist between any tattoos as selected by me and as ultimately applied to my body. Due to subtleties and variations in skin tone.  
\_\_\_\_\_

5) I acknowledge that a tattoo is a permanent change to my appearance and that representations have been. \_\_\_\_\_

6) I acknowledge that tattooing is a precise operation, that movement during this process may cause errors, and I accept full responsibility for such errors due to my movement during the tattoo application. \_\_\_\_\_

7) To the best of my knowledge, I have no conditions or disabilities, which prevent or impede my ability to heal normally. \_\_\_\_\_

8) Photographs: I hereby consent to grant permission and authorize the use and reproduction by INK ON INK OFF/ IOIO Studio or anyone authorized by INK ON INK OFF/ IOIO STUDIO, of any and all "before and after" photographs taken of me without further compensation to me. The photographs may be included in an advertising brochure, website advertisement or for any other purposes. The photographs and all negatives shall constitute the sole property of Ink On Ink Off. I hereby release Ink On Ink Off from any and all liability arising out of the use and reproduction of any photographs.



featuring INK ON INK OFF

9) I acknowledge that the answers to the following questions are true and correct to the best of my knowledge:

- Are you epileptic?.....YES or NO
Are you HIV positive?.....YES or NO
Is your skin prone to keloid formation?.....YES or NO
Are you a Hemophiliac? .....YES or NO
Are you a diabetic?.....YES or NO
Are you Pregnant? .....YES or NO
Are you an intravenous drug user? .....YES or NO
Do you have a pacemaker or Heart problem? .....YES or NO
Have you ever been exposed to or treated for Hepatitis A, B or C? .....YES or NO
Are you allergic to anything?.....YES or NO
If yes, what: \_\_\_\_\_
Have you been professionally tattooed before? .....YES or NO
If yes by whom? \_\_\_\_\_
What medications, if any are you taking?
\_\_\_\_\_

What is your occupation? \_\_\_\_\_
How did you hear about this studio? \_\_\_\_\_

I acknowledge that the obtaining of my tattoo is by my choice alone, and I consent to the application of the tattoo and to any actions or conduct of the representatives of INK ON INK OFF/ IOIO Studio reasonably necessary to perform the tattoo procedure.

I AGREE TO RELEASE AND FOREVER DISCHARGE AND HOLD HARMLESS INK ON INK OFF/ IOIO STUDIO AND THE ARTIST WHO PERFORMS THE WORK FROM ANY AND ALL CLAIMS, DAMAGES, AND LEGAL ACTIONS ARISING FROM OR CONNECTED IN ANY WAY WITH MY TATTOO OR THE PROCEDURES AND CONDUCT USED TO APPLY MY TATTOO.

Print Name: \_\_\_\_\_
Signature: \_\_\_\_\_
Date: \_\_\_\_\_