

*******CONSENT TO BEING TATTOOED AT SLAVE TO THE NEEDLE*******

I acknowledge by signing this CONSENT FORM that I have been given full opportunity to ask any and all questions which I might have about being tattooed. I also acknowledge that all my questions have been answered to my full satisfaction and that I AM GETTING TATTOOED BY MY OWN CHOICE AND AT MY OWN RISK.

*****READ FORM CAREFULLY*****

I HEREBY STATE THE FOLLOWING:

(Please Initial)

_____ I am at least Eighteen (18) years of Age or Older.

_____ I ACCEPT ALL RISKS OF INJURY BOTH KNOWN AND UNKNOWN AS A RESULT OF HAVING A PART OF MY BODY TATTOOED AND I HEREBY CONSENT TO BEING TATTOOED.

_____ I understand that by being tattooed I am making a PERMANENT change to my appearance, and I CONSENT to that change.

_____ I understand that ALLERGIC REACTIONS to the dyes, ink, pigments, ointments, sprays or any other process and equipment used to apply my tattoo is ALWAYS possible-AND I ACCEPT THE RISK OF ANY AND ALL ALLERGIC REACTIONS AS A RESULT OF BEING TATTOOED.

_____ I understand that INFECTION, SCARRING, FAINTING, SEIZURE AND PERMANENT INJURY IS ALWAYS possible as the result of being tattooed- AND I ACCEPT THE RISK OF INFECTION, SCARRING, FAINTING, SEIZURE AND PERMANENT INJURY AS A RESULT OF BEING TATTOOED.

_____ I understand that tattooing is not perfect-AND I ACCEPT THE RISK THAT MY TATTOO MAY VARY IN SIZE, SHAPE, LOCATION, COLOR, SHADING, SPELLING, LETTERING, OR MEANING, other than what I had expected or requested.

_____ I ACCEPT THE RISK THAT NO GUARANTEE IS MADE OR IMPLIED AS TO THE QUALITY OF FINAL OUTCOME OF MY TATTOO.

_____ I understand AND ACCEPT THE RISK THAT IT MAY BE IMPOSSIBLE TO EVER CHANGE, ALTER OR REMOVE MY TATTOO and I have received WRITTEN aftercare suggestions.

_____ I acknowledge that the Proprietor(s), Management and Tattoo Artists of: Slave to the Needle Inc. reserve the right to refuse service to anyone FOR ANY REASON.

MEDICAL CONDITIONS: Please Indicate. If Not Applicable, write "N/A" in space provided:

I have a known allergy to: _____

I have a disease/condition which slows my healing of cuts/wounds (Diabetes, etc.) _____

I have a history of skin diseases or lesions: _____

I have a history of seizures, fainting or narcolepsy: _____

I am pregnant/nursing: _____

I am taking medicine that thins my blood: _____

I am presently under the influence of prescription medication, drugs or alcohol: _____

LIST ANY MEDICAL OR PHYSICAL CONDITIONS THAT YOU HAVE WHICH MAY AFFECT YOUR ABILITY TO BE TATTOOED: _____

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT AND THAT I VOLUNTARILY SIGN MY NAME EVIDENCING MY ACCEPTANCE OF ALL OF THE ABOVE PROVISIONS.

X: _____

DATE: _____

Sign name

PRINT NAME: _____

DATE OF BIRTH: _____

Office use below

TATTOO TOTAL: _____

SALES TAX: + _____

TOTAL PRICE: = _____

DEPOSIT: - _____ CC CA

TOTAL: = _____ OTHER: + _____ GRAND TOTAL: = _____

CREDIT/REF # _____ CASH: _____

Gift Cert Amount: _____ GC #: _____

ARTIST: _____