

TATTOO MAFIA®

72 Holly Oak Lane, Unit 4, Dover De. 19904 - tattooafia.net

CONSENT TO APPLICATION OF TATTOO, BODY PIERCING AND GENERAL RELEASE OF ALL CLAIMS

By signing this CONSENT and RELEASE form I acknowledge that I have been given full opportunity to ask any and all questions which I have about getting a tattoo/body piercing at Tattoo Mafia, Inc. It is my choice to be tattooed/pierced at my own risk. In order for proper healing of your tattoo/piercing procedure; we ask that you disclose if you have or have had any of the following conditions

- I AM AT LEAST 18 YEARS OF AGE ----- YES / NO
- I AM UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGES (WINE, BEER, OR SPIRITS) ----- YES / NO
- I AM UNDER THE INFLUENCE OF A CONTROLLED SUBSTANCE ----- YES / NO

(IF YES PLEASE LIST MEDICATION) _____

- I AM PREGNANT ----- YES / NO
- I HAVE DIABETES ----- YES / NO
- I HAVE A HISTORY OF SKIN DISEASES, SKIN LESIONS, OR SKIN SENSITIVITY TO SOAPS OR DYES ----- YES / NO

(PLEASE LIST) _____

- I HAVE A HISTORY OF EPILEPSY, SEIZURES, FAINTING, OR NARCOLEPSY ----- YES / NO
- I HAVE A HISTORY OF HEMOPHILIA (BLEEDING) ----- YES / NO
- I AM TAKING MEDICATION SUCH AS ANTICOAGULANTS OR ASPIRIN THAT THIN THE BLOOD AND INTERFERES WITH CLOTTING ----- YES / NO
- I UNDERSTAND THAT TATTOOING AND PIERCING IS A PERMANENT CHANGE TO MY APPEARANCE AND IT MAY BE IMPOSSIBLE TO CHANGE OR REMOVE IT LATER ----- YES / NO

I understand that infection and scarring is ALWAYS possible as a result of tattooing/piercing, especially IF YOU DO NOT TAKE PROPER CARE OF YOUR TATTOO/PIERCING, practice basic hygiene or if the tattoo becomes injured while still healing. INJURY INCLUDES PICKING OR SCRATCHING OF THE SKIN WHILE THE TATTOO IS HEALING. I hear by release and forever discharge the business of Tattoo Mafia Inc.; The owners and employees of Tattoo Mafia Inc.; and the artist that does my tattoo or piercing, their heirs, executors, agents and all other persons, corporations and entities of any liability, claims, demands, damages, action, causes of actions or suits of any kind for injuries of any nature, both known and unknown, to my person or property which may result from my request to be tattooed/pierced. This includes, but is not limited to, entering, exiting or any location or property owned or leased by Tattoo Mafia Inc. It includes any liability connected in any way with the procedures, equipment, ink, dyes, pigments, jewelry or conduct used in connection with my tattoo/piercing, the artist interpretation of the tattoo design, the location or placement on the body, the quality of workmanship, spelling of words or names, color scheme, shading and size of tattoo design, jewelry placement. I acknowledge that Tattoo Mafia Inc. reserves the right to refuse service to anyone for any reason at any time.

I HAVE READ THIS ENTIRE RELEASE FORM AND AGREE TO ITS TERMS

PRINT NAME _____ PHONE # _____

ADDRESS _____ CITY/STATE/ZIP _____

BIRTH DATE _____ EMAIL _____

ARTIST NAME _____ LOCATION ON BODY _____

IF NAME OR WORD PLEASE GIVE CORRECT SPELLING _____

SIGNATURE _____ DATE _____

HOW DID YOU HEAR ABOUT US: _____

UNDER 18 ONLY

I am the Parent/ Legal Guardian of _____ who is under the age of 18. I hereby grant permission for my minor son/daughter to be tattooed or pierced.

(Photo I.D. from both parent & minor along with birth certificate/guardianship and Notarized form required by Delaware State law)

PRINT NAME _____ PHONE # _____

ADDRESS _____ CITY/STATE/ZIP _____

SIGNATURE _____ DATE _____

NOTARY SIGNATURE _____ NOTARY STAMP: _____