



CONSENT TO APPLICATION OF TATTOO AND RELEASE AND WAIVER OF ALL CLAIMS

DATE OF SERVICE: ___/___/___

NAME: _____ DOB: ___/___/___

ADDRESS: _____

PHONE #: _____

Driver's License #: _____ State of Issuance: _____ Exp: ___/___/___

By signing this document, I acknowledge that I have had full opportunity to ask any questions I may have regarding obtaining a tattoo from Lighthouse Tattoo. All of my questions have been answered to my full and total satisfaction and I have been advised of my rights and responsibilities pertaining to the application of this tattoo. I further acknowledge that all information contained in this document is true and correct to the best of my knowledge. I agree as follows:

- I have truthfully represented to the employees and representatives of Lighthouse Tattoo that I am over the age of 18.
- I acknowledge that I am NOT under the influence of drugs or alcohol.
- I acknowledge that I am NOT pregnant.
- I have disclosed any communicable diseases as follows: _____
- I acknowledge that a tattoo is a permanent change to my appearance and that no representations have been made to me regarding the ability to later change or remove my tattoo.
- I acknowledge that reasonable variations in color and design may exist between any tattoo selected and what is ultimately applied to my body.
- I acknowledge that it is not reasonably possible for the employees and representatives of Lighthouse Tattoo to determine whether I may have an allergic reaction to the dyes, pigments, or processes used in the application of my tattoo. 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 care for it properly. I have been provided after care instructions.
- I acknowledge that obtaining this tattoo is by my choice alone and I consent to the application of the tattoo and any actions or conduct of the employee of Lighthouse Tattoo that is reasonably necessary to perform the tattoo procedure.
- I agree to release, forever discharge, and hold harmless Lighthouse Tattoo and its agents, employees, officers, and shareholders from any and all claims, damages, or legal actions arising from or connected in any way with my tattoo or the procedures and conduct used to apply my tattoo.

Signature: _____ Date: ___/___/___

TATTOO: _____ LOCATION: _____

NAME OR WORDS: _____

ARTIST: _____ COST: _____