



# Bayshore Tattoo Studio

---

## Consent and Release Form - Tattoo

(Print)

First: \_\_\_\_\_ Last: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Initial:

\_\_\_\_\_ I have read, completed, reviewed, and signed the Medical History Form.

\_\_\_\_\_ I have read, reviewed, and agree with the Tattoo Aftercare Instructions.

\_\_\_\_\_ I am not currently under the influence of drugs and/or alcohol.

\_\_\_\_\_ I understand there are risks both known and unknown by getting a tattoo. These risks can lead to injury and include infection, scarring, melanoma detection difficulties, allergic reactions to pigment, latex gloves, soaps, etc., and other risks directly or consequentially by to getting a tattoo.

\_\_\_\_\_ I wish to proceed with the tattoo procedure and application and freely accept and assume any and all risks that may arise from tattooing.

\_\_\_\_\_ I HEREBY WAIVE AND RELEASE Bayshore Tattoo Studio, its agents, employees, administrators, estate, heirs, executors or assigns from all liability whatsoever including but not limited to any and all claims, compensation, personal injury or other, including direct or consequential damages which result or arise from the procedure and application of my tattoo, whether caused by the negligence or fault of either the tattoo studio, practitioner, and associates, or the result of any other reasons and causes.

Practitioner performing the procedure: Tommy Peters Date: \_\_\_\_\_ Initial: \_\_\_\_\_

**Client: I have read, understand, and agree to the terms and conditions of all Bayshore Tattoo Studio Contract Documents, and hereby certify that all information provided by me is true and correct.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_