



## TAMPA TATTOO CONSENT FORM

In consideration of receiving a tattoo from Poison Ivy Ink LLC including its artists, or apprentices I agree to the following:

(Initial)

\_\_\_\_\_ - I, \_\_\_\_\_ (print name) have been fully informed of the inherent risks associated with getting a tattoo. Therefore, I fully understand these risks, known and unknown, can lead to injury, scarring, and/or infection. I also understand the risk of allergic reaction to gloves, soap, or tattoo pigment. While being aware of these risks I still would like to proceed with the tattoo.

\_\_\_\_\_ - I waive and release to the fullest extent permitted by law any person of Poison Ivy Ink LLC from all liability whatsoever, including but not limited to, any and all claims or causes of action that I, my estate, heirs, executors, or assigns, at have for personal injury or otherwise, including any 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 artist or otherwise.

\_\_\_\_\_ - I have been given full opportunity to ask questions about tattoo procedure, and my questions have been answered to full satisfaction.

\_\_\_\_\_ - I have been given aftercare instructions. I acknowledge there is a risk of infection especially I do not follow the aftercare instructions. If a touch up is needed due to my negligence I agree the work will be done at my expense.

\_\_\_\_\_ - I am not under the influence of drugs or alcohol. I am voluntarily submitting to be tattooed.

\_\_\_\_\_ - I do not suffer from epilepsy, diabetes, hemophilia, heart condition(s) and I do not take any blood thinning medicines. I don't have any skin or other conditions that would interfere with the tattoo. I am not a recipient of organ or bone marrow transplant, and if I am I have taken the prescribed preventive regimen of antibiotics that is required by my doctor. I am not pregnant or nursing. I do not have a mental impairing that may affect my judgment in getting a tattoo.

\_\_\_\_\_ - I am responsible for the meaning and spelling of the tattoo I am getting.

\_\_\_\_\_ - Variations in color and design may differ between tattoo art and actual tattoo when applied to body. I also understand the the color and clarity in my tattoo(s) can fade over time due to sun exposure, and the naturally occurring dispersion of pigment under the skin.

\_\_\_\_\_ - I understand this is a permanent change to my appearance.

\_\_\_\_\_ - I understand I am responsible to approve the placement of the stencil.

\_\_\_\_\_ - I release the right to take any photographs of me and the tattoo, and give consent in advance to their reproduction in print or electronic form. (If you do not initial this please let your artist know).

\_\_\_\_\_ - I understand payment is due at the end of the tattoo and there is a NO REFUND policy.

\_\_\_\_\_ - I agree to reimburse Poison Ivy Ink LLC for any attorney fees and costs incurred in any legal action brought against the Poison Ivy Ink LLC and in which either the artist or Poison Ivy Ink LLC is the prevailing party. I agree that the courts located in the County of Hillsborough within the state of Florida shall have jurisdiction and venue over me and shall have exclusive jurisdiction for the purpose of litigating any dispute arising out of or related to this agreement.

\_\_\_\_\_ - I acknowledge I have been given plenty of time to read over and understand this agreement.

\_\_\_\_\_ - I hereby declare I am of legal age and have provided valid period of age and identification.

Please fill out **COMPLETELY**

\*we cannot proceed with appointment unless all information is provided\*

Print Name: \_\_\_\_\_

**Today's** Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home Address: \_\_\_\_\_

Date Of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_

Physician Name: \_\_\_\_\_

Physician Address: \_\_\_\_\_

Physician Telephone number: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_

Emergency Contact Address: \_\_\_\_\_

Emergency contact # : \_\_\_\_\_

What design are you receiving: \_\_\_\_\_

Where part of body is the tattoo being placed : \_\_\_\_\_

I have read the agreement, I understand it, and I agree to be bound by it.

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

## **SHOP USE ONLY**

Artist (Print name): \_\_\_\_\_

Artist Signature: \_\_\_\_\_