

ADDICTED2TATTOOS

8820 N. Florida Ave.

Tampa, FL 33604

813-936-8282

Piercing Release Form Date: _____

_____ I am at least 18 years old.

_____ I do not have epilepsy, AIDS, HIV.

_____ I do not have hepatitis, or other contagious medical conditions.

_____ I am not a hemophiliac (bleeder).

_____ I do not take blood thinners.

_____ I do not have a heart condition.

_____ I am not under the influence of drugs or alcohol.

_____ To my knowledge I don't have any physical, mental or medical impairment, condition, or disability which might affect my wellbeing as a direct or indirect result of my decision to have any piercing-related work performed on me.

_____ I agree to follow all instructions concerning the care of my piercing while it is healing and afterward.

_____ I agree that any follow up work needed, due to my own negligence, will be done at my own expense.

_____ Being of sound mind and body, I hereby release any and all persons representing Addicted2Tattoos from all responsibility, now and in perpetuity.

_____ I accept any and all responsibility myself for any consequences that might stem from my decision to have any piercing-related work done by a representative of Addicted2Tattoos.

_____ I agree for myself, my heirs, assigns, and legal representatives to hold harmless from all damages, actions, causes of action, claim judgments, costs of litigation, attorney's fees, and all other costs and expenses which might arise from my decision to have any piercing-related work done by a representative of Addicted2Tattoos.

_____ I agree to leave the premises of Addicted2Tattoos, or any other establishment where Addicted2Tattoos is engaged in business, promptly upon request, for any reason whatsoever, by any agent or employee of Addicted2Tattoos.

_____ I agree to pay for any and all damages or injuries to any and all persons and property of Addicted2Tattoos, belonging to Addicted2Tattoos, or any other person to whom Addicted2Tattoos and representatives may become liable contractually or by operation of law, caused by, or resulting from my decision to have any piercing-related work done by a representative of Addicted2Tattoos.

_____ I agree that these waivers also pertain to and are designed to protect any and all establishments where Addicted2Tattoos conducts business.

_____ I have read and understood each of the above paragraphs.

_____ Do you have any allergies to medication or topical solutions? _____

Do you have any medical conditions we should be aware of prior to performing this procedure?

_____ I have been provided with information describing the body piercing procedure to be performed and instructions on aftercare. I have been made aware that I have any signs of symptoms of infection, such as swelling, pain, redness, warmth, fever, unusual discharge or odor to contact my physician. It is also my responsibility to take care of my new body piercing site according to the instructions provided, both verbally and in writing.

Piercer's name: _____ Location of piercing: _____

Piercer's signature: _____

Skin condition: _____

Jewelry used: _____ Comments on back.

Form continues on back.

Signature: _____ Print name: _____

Date of birth: _____ Sex: _____ Race: _____

Emergency contact person: _____

Phone: _____ (include area code)

Address: _____

City: _____ State: _____ Zip: _____

Physician's name: _____ Clinic name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ (include area code)

Your information:

Address: _____

Apartment or suite: _____

City: _____ State: _____ Zip code: _____

Phone: _____ (include area code)

Email: _____

_____ I agree to receive email from Addicted2Tattoos. I understand that Addicted2Tattoos will not share my information in any way, except as required by law, with any 3rd parties.

All piercings must be paid in advance of the process.

_____ initial here

All clients must present valid ID, and agree to being photographed by Addicted2Tattoos agent.

_____ initial here

Photos will be used in portfolios and as promotion for Addicted2Tattoos. I agree to release my pictures for any use by Addicted2Tattoos.

_____ initial here