

**ARTISTIC IMPRESSIONS STUDIO  
TATTOO RELEASE FORM**

Name: _____		Date: _____	
Address: _____		City: _____	State: _____ Zip: _____
Phone #: _____		Email: _____	
Age: _____	DOB: _____	DL#: _____	M/F
If you are not using a DL, please indicate what type of identification you are using: _____			

I hereby declare that I am of the legal age of 18 years or older, and have provided valid proof of age. I agree to allow the Artist and Artistic impressions to obtain a copy of my driver's license and/or identification.

**TATTOO INFORMATION:**

PLEASE BRIEFLY DESCRIBE TATTOO DESIRED IN BOX BELOW

NAME OF ARTIST WHO WILL BE DOING YOUR TATTOO: \_\_\_\_\_

- 1.) Did you bring in your own picture or design? **Y / N**
- 2.) Is or was the tattoo drawn by your Artist? **Y / N**
  - a. If yes, have you seen and approved the design? **Y / N**
  - b. Were any changes made to your design? **Y / N**

If no changes were made to the design I provided, I understand that there could be possible differences in design and color once transferred onto my skin; variations in color and design may exist between the tattoo art I have selected and agreed to when it is applied to my body. I acknowledge that no guarantee or assurance has been made as to the results that may be maintained. Both Artistic Impressions and the Artist have given me full opportunity to look over my design before application and to ask any and all questions. All of my questions have been answered to my satisfaction and I agree to the design and location of my tattoo completely. Neither the Artist nor Artistic Impressions are responsible for the meaning or spelling of the symbol or text that I have provided to them or chosen from a design sheet. I understand that a tattoo is permanent, but understand that pigment can fade and change color with time according to metabolism, skin type, medications, age, smoking, alcohol consumption, sun exposure, etc. I understand that a tattoo is a permanent change to my appearance and can only be removed by laser or surgical means, which can be disfiguring and costly and which in all likelihood will not result in the restoration of my skin to its exact appearance before getting tattooed. I release all rights to any photographs taken of me or my tattoo to the Artist and Artistic Impressions and give consent in advance to their reproduction in print or electronic form. I fully understand that a tattoo is an art and not a science. I understand that anything that can go wrong, could go wrong. I understand that if my skin color is darker, there is a possibility the colors will not appear as bright as they might on lighter skin. I understand that all fees and payments for my tattoo are non-refundable. I agree to reimburse each of the Artists and Artistic Impressions for any attorney and cost incurred in any legal action I bring against either the Artist or Artistic Impressions and in which either the Artist or Artistic Impressions is the prevailing party. I agree that the courts of Texas in Harris County shall have personal jurisdiction and venue over me and shall have exclusive jurisdiction for the purpose of litigation and dispute(s) arising out of or related to this agreement. I agree to waive and release to the fullest extent permitted by law both the Artist and Artistic Impressions from all liability whatsoever, for any and all claims or causes of action that I, my estate, heirs, executors, and/or assigns may have for personal injury or otherwise, including my direct and or consequential damages, which result or arise from the application of my tattoo, whether caused by the negligence or fault of the Artist or Artistic impressions or otherwise. I agree to leave the premises of Artistic Impressions Studio promptly upon request, for any reason whatsoever, by any Agent, Artist, or employee of Artistic Impressions Studio. I acknowledge that I have been given adequate opportunity to read and understand this full document and that it was not presented to me at the last minute. I understand that I am signing a legal contract waiving certain rights to recover against the Artist and Artistic Impressions Studio. I have read this agreement, understand it, and agree to be bound by it.

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

**PLEASE TURN FORM OVER**

<u>Office Use Only</u>			
Artist: _____	Description : _____		
Location: _____	Color: _____	Ticket#: _____	

Emergency Contact Name: \_\_\_\_\_ Number: \_\_\_\_\_

***This information will not be disclosed to any other entity for any purpose.***

Please list any allergies you have:

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**Tattoo History Information:**

Have you been to Artistic Impressions Studio before? **Y / N**

Would you like to be added to our email list? **Y / N**

How did you hear about us? \_\_\_\_\_

Have you ever had an allergic reaction or infection from a tattoo? **Y / N**

If yes, please explain:

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**I do not have any of the following:** trouble healing, bruise easily, bleed easily, high blood pressure, currently pregnant, sensitive skin, heart condition, history of fainting, dizziness, skin conditions, subject to rashes, diabetic, intravenous drug use, epileptic, hepatitis, syphilis, staph infection, tuberculosis, HIV/AIDS, or any other medical or skin infection that may interfere with the application or healing of my tattoo. I fully understand the consequences of making false statements or representations regarding my health. To the best of my knowledge, the medical information provided is true and correct. I fully assume any and all risk to my health by going forward with receiving a tattoo. I am not currently taking any blood thinning medications. I am currently not taking any over the counter or prescription medication that could interfere with the application or healing of my tattoo. I do not have any medical or skin conditions not included in the medical release portion of this form that may interfere with the application or healing of my tattoo. I am not the recipient of an organ or bone marrow transplant. I do not have any mental impairment that may affect my judgment. I am not under the influence of any legal or illegal drugs or alcohol. I am voluntarily submitting to be tattooed at Artistic Impressions by the Artist I agreed to be tattooed by without duress or coercion.

**The following are risks of getting a tattoo:** Infections, scarring, bleeding, nerve damage, difficulties in detecting melanoma, and/or allergic reaction to tattoo pigment, latex gloves, and soap. I have been fully informed of the inherent risks associated with getting a tattoo. I fully understand that these risks include those stated above but are not limited to the above stated risks and other problems could arise. Having been informed of the potential risks associated with getting a tattoo, I still want to proceed with the tattoo application and I freely accept and assume any and all risk that may arise from tattooing. I have been given the opportunity to ask any and all questions regarding the potential risk of getting a tattoo and all of my questions have been answered to my satisfaction.

**General Aftercare Instructions:** Always wash your hands before taking care of your tattoo. Remove bandage after about 30 minutes. For two weeks, minimize exposure to sunlight. Do not use tanning beds. Do not soak in fresh, salt, or chlorinated water for any amount of time. Wash your tattoo twice a day with mild antibacterial soap. Apply mild, non-scented healing ointment twice a day for two weeks. If you have any complications and/or reactions, come back in person within 5 business days so someone can look at your tattoo (free of charge) and provide you with the proper healthcare forms to help you report your complication and/or reaction to the Texas Department of State Health Services. I understand the general rules of after care. I have been given full opportunity to ask any and all questions pertaining to the aftercare of my tattoo and all questions have been answered to my satisfaction. (Please see front desk for an aftercare card with complete detailed aftercare instructions)

**NO WARRANTIES**

**There are no warranties which extend beyond the description on the face hereof.** \_\_\_\_\_ (please initial)

**I acknowledge there are no warranties, including the warranty of merchantability and warranty of fitness for a particular purpose, and I voluntarily consent to waive these warranties.** \_\_\_\_\_ (please initial)

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