

# Black Candle Tattoo

## Consent Form

**This document is two-pages. Please read all statements carefully and initial the boxes to show that you understand and consent/agree to each provision. Please feel free to ask any questions regarding this waiver.**

In consideration of receiving a tattoo from **Black Candle Tattoo** at **1138 Elm St, Manchester, New Hampshire**, I agree to the following:

\_\_\_\_\_ I have been fully informed of the inherent risks associated with getting a tattoo by my chosen artist. I fully understand that these risks, known and unknown, can lead to injury, including but not limited to infection, scarring, difficulties in detecting melanoma and allergic reactions to tattoo pigment, latex and/or soap. Having been informed of the potential risks associated with getting a tattoo, I still wish to proceed with the tattoo and I freely accept and expressly assume any and all risks that may arise from tattooing and tattoo aftercare.

\_\_\_\_\_ I waive and release to the fullest extent permitted by any person of Black Candle Tattoo 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 may have for personal injury or otherwise, including any direct and/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 artist, studio, or otherwise.

\_\_\_\_\_ 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/or costly and which in all likelihood will not result in the restoration of my skin to its exact appearance before being tattooed.

\_\_\_\_\_ I agree that neither the Artist nor the Tattoo Studio is responsible for the meaning or spelling of the symbol or text that I have provided to them or chosen. Any reference images I have provided may be altered and not be an exact replica of the image provided, variations may occur, colors and the clarity of my tattoo will fade due to unprotected exposure to the sun and the naturally occurring dispersion of pigment under the skin.

\_\_\_\_\_ I am not the recipient of an organ or bone marrow transplant or, if I am, I have taken the prescribed preventive regime of antibiotics that is required by my doctor in advance of any invasive procedure such as tattooing. I do not suffer from diabetes, epilepsy, hemophilia, heart condition(s), nor do I take blood-thinning medication or have any other medical or skin conditions that may interfere with the application or healing of the tattoo. I am not pregnant or breastfeeding.

# Black Candle Tattoo

## Consent Form

\_\_\_\_\_ I do not have a mental impairment, I am not under the influence of drugs or alcohol that may affect my judgment of getting a tattoo, and I am voluntarily submitting to be tattooed without coercion or duress.

\_\_\_\_\_ The Artist and/or Tattoo Studio has given me instructions on the care of my tattoo while it is healing. I acknowledge that it is possible that the tattoo can become infected, particularly if I do not care appropriately for my tattoo. If any touch-up work to the tattoo is needed due to my own negligence, I agree that the work will be done at my own expense.

\_\_\_\_\_ If you are having a tattoo on your hand, fingers, neck, face or feet please be aware that these areas are prone to pigment drop out / blow out and severe fading. Sometimes resulting in the tattoo completely disappearing. Due to this fact any touch ups in the above areas are chargeable. Please take a good amount of consideration before choosing one of these areas as they can be costly to keep looking good with constant touchups required.

\_\_\_\_\_ I release and freely give my consent and all rights to any photographs taken of me and the tattoo taken in the studio and give consent in advance to their reproduction in print or electronic form. (If you do not initial this provision please advise and remind your Tattoo Artist and the Tattoo Studio NOT to take any pictures of you and your completed tattoo.)

\_\_\_\_\_ I agree that the Tattoo Studio and Artist have a **No Refund Policy** and will not ask for a refund for any reason whatsoever.

\_\_\_\_\_ I acknowledge that I have been given adequate opportunity to read and understand this document. Both the Artist and the Tattoo Studio have given me the full opportunity to ask any and all questions about the application of my tattoo and all of my questions have been answered to my total satisfaction.

\_\_\_\_\_ I hereby declare that I am of legal age (and have provided valid proof of age and identification) and am competent to sign this Agreement.

**I HAVE READ THE AGREEMENT, I UNDERSTAND IT, AND I AGREE TO BE BOUND BY IT.**

Full Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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