

BLOOD OATH TATTOO INC TATTOO AND GENERAL LIABILITY RELEASE FORM

NAME: _____ ADDRESS: _____

PHONE: _____ DATE OF BIRTH (CHECK ID): _____

I acknowledge that Blood Oath Tattoo, Inc. shall not be responsible for any problems that may arise from, stem or flow from blood, skin or general health reactions resulting from any tattooing act performed by or at Blood Oath Tattoo, Inc.

Blood Oath Tattoo, Inc. is NOT a medical establishment and makes no guarantees, expressed or implied, as to the result of the tattooing or the customers satisfaction. Customer acknowledges that tattooing is an art form and that appreciation or satisfaction with the finished product is subjective and may vary. I have been advised that there is a grave risk of injury from such procedures, from minor to severe injuries, uncontrollable bleeding and other such risks or injuries. I have been advised to notify the staff at Blood Oath Tattoo, Inc. if I am taking any medications such as Coumadin, Warfarin or aspirin. Such medications that may affect the clotting of blood or that are used for the treatment of the condition hemophilia have a serious impact on the procedure and create an abnormal risk for the procedure and must be disclosed to the operator of the tattooing establishment and to the tattoo artist.

I understand the results from tattooing are unpredictable and may be harmful. Further, I have been made fully aware that Blood Oath Tattoo, Inc. does NOT protect my belongings, nor takes responsibility for them. I shall not hold Blood Oath Tattoo, Inc., its owners, agents, operators, employees or insurers responsible for the loss or theft of my personal property or for the personal injuries resulting directly or indirectly from the tattooing procedures which I request.

I acknowledge that I am EIGHTEEN (18) years old or older, I acknowledge that variations in design and color may exist between the tattoo I select and the design tattooed on my body. I acknowledge that I am NOT under the influence of drugs or alcohol. I acknowledge that I do not have a heartcondition, Epilepsy, Aids, Jaundice, Hepatitis, am not pregnant or a hemophiliac (bleeder). I acknowledge that I have informed the tattoo artist of any other medical conditions that I may have that would affect the tattooing procedure.

It is recommended that after tattooing the client should sit for at least 10 (ten) minutes to help prevent loss of consciousness, feeling light headed, disoriented or weakend. By the execution and signing of this release, I, for myself, my executors, heirs and administrators, hereby release and fully discharge and shall hold harmless Blood Oath Tattoo, Inc., its owners, officers, agents, insurers and employees for any injuries which I may suffer to my person or property, directly or indirectly caused or aggravated in any way by the tattooing process or for the entering upon its premises.

ATTENTION!!!!

If you are receiving any words, names, initials or dates,
PLEASE PRINT THEM BELOW AND INITIAL

Initial: _____

_____ _____ _____

CAUTION! READ BEFORE SIGNING!
THIS IS A LEGALLY BINDING DOCUMENT WITH LEGAL IMPLICATIONS

Signed as a sealed document on this Date: ___/___/___

Customer's Signature: _____

Tattoo Artist: _____

Witness: _____

Optional: By signing the following, I hereby release to Blood Oath Tattoo, Inc. any rights to all photos or images taken of my tattoos by Blood Oath Tattoo, Inc. including rights of artistic reproduction for use upon the internet or otherwise determined by Blood Oath Tattoo, Inc.

Sign Here X _____