



AGARU TATTOOS RELEASE FORM

I **do not** have a heart condition. I **am not** pregnant. I **do not** have epilepsy, seizures, fainting issues or narcolepsy. I **have not** tested positive for hepatitis within the last year. I **am not** a hemophiliac (free bleeder). I **am not** taking medications such as anticoagulants which may thin the blood and/or interfere with blood clotting. I **have not** tested positive for the HIV virus or AIDS. I **do not** have diabetes. I **do not** have a history of skin diseases, skin lesions or skin sensitivities to soaps or disinfectants. I **do not** have a history of allergies or adverse reactions to pigments, dyes or other skin sensitivities. I **am not** under the influence of drugs and/or alcohol. To my knowledge, I **do not** have any physical, mental, or medical impairment or disability which may affect my well being as a direct or indirect part of my decision to have any tattoo/piercing work done. I agree to follow all instructions concerning the care of my tattoo/piercing while it is healing. I agree that any touch up work needed because of my **own** negligence will be completed at my own expense. I understand that if my skin is dark or tanned that the colors of the tattoo **will not** appear as well as they do on light skin. I understand that the tattoo/piercing may cause my body to scar, bleed, or swell, or become infected if not cared for properly. I understand that the healing process may vary from person to person. Being of sound mind and body, I hereby release any and all persons representing "Agaru Tattoos" from all responsibility. I accept any and all responsibility myself for any consequences from my decision to have any tattoo/piercing related work done by anyone representing the business known as "Agaru Tattoos" in connection with any and all damages, claims, demands, rights, and causes of action of whatever nature, based on injuries, personal, or property damage to, or death of myself or any other person arising from the decision to have any tattoo/piercing related work done, whether or not caused by any negligence of anyone representing "Agaru Tattoos." I agree for myself, heirs, assigns, and legal representatives to hold "Agaru Tattoos" harmless from all damages, causes of action, claims, judgements, cost of litigation, attorney fees, and all the other costs and expenses that might arise from my decision to have any tattoo/piercing related work done by anyone representing "Agaru Tattoos." I agree to leave the premises of "Agaru Tattoos" promptly on request, for any reason what so ever, by any agent or employee of "Agaru Tattoos." I agree that these waivers also pertain to and are designed to protect any and all establishments where "Agaru Tattoos" may conduct business now and in the future. I represent and warrant that the above and following is true and correct.

NAME _____

ADDRESS _____

CITY, STATE, ZIP CODE _____

AGE _____ D.O.B. ____/____/____ PHONE (____) _____

EMERGENCY CONTACT _____

I HAVE SHOWN I.D., AND READ AND UNDERSTOOD THE ABOVE INFORMATION. I AM AWARE THAT I HAVE THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE PROCEDURES, RISKS, AND INSTRUCTIONS. I AM AT LEAST 18 YEARS OF AGE OR OLDER.

SIGNATURE _____ DATE _____

TYPE OF TATTOO _____ PIERCING _____

LOCATION OF TATTOO OR PIERCING _____

(IF APPLICABLE) SPELLING OF WORDS _____

I AGREE TO THE PRICE OF \$ _____ PLEASE INITIAL _____