

KAVE ART & TATTOO

207 A W MAIN ST, ROCHESTER, WI 53167

TATTOO WAIVER OF LIABILITY

I ACKNOWLEDGE BY SIGNING THIS AGREEMENT THAT I HAVE BEEN GIVEN THE FULL OPPORTUNITY TO ASK ANY QUESTIONS WHICH I MIGHT HAVE ABOUT THE OBTAINING OF A TATTOO AND THAT ALL OF MY QUESTIONS HAVE BEEN ANSWERED TO MY FULL SATISFACTION. I SPECIFICALLY ACKNOWLEDGE I HAVE BEEN ADVISED OF THE FACTS AND MATTERS SET FORTH BELOW AND I AGREE AS FOLLOWS:

IF I HAVE DIABETES, EPILEPSY, HEPATITIS, HEMOPHILIA, HIV-AIDS, OR ANY OTHER COMMUNICABLE DISEASE, HEART CONDITION OR TAKE MEDICINE WHICH THINS THE BLOOD I HAVE ADVISED MY TATTOOIST. I AM NOT PREGNANT OR NURSING.

I ACKNOWLEDGE IT IS NOT REASONABLY POSSIBLE FOR THE REPRESENTATIVES AND EMPLOYEES OF THIS TATTOO SHOP TO DETERMINE WHETHER I MIGHT HAVE AN ALLERGIC REACTION TO THE PIGMENTS OR PROCESSES USED IN MY TATTOO, AND I AGREE TO ACCEPT THE RISK THAT SUCH A REACTION IS POSSIBLE.

I ACKNOWLEDGE THAT INFECTION IS ALWAYS POSSIBLE AS A RESULT OF THE OBTAINING OF A TATTOO, PARTICULARLY IN THE EVENT THAT I DO NOT TAKE PROPER CARE OF MY TATTOO. I HAVE RECEIVED AFTERCARE INSTRUCTIONS AND I AGREE TO FOLLOW THEM WHILE MY TATTOO IS HEALING. I AGREE THAT ANY TOUCH-UP WORK NEEDED, DUE TO MY OWN NEGLIGENCE OR FAILURE TO FOLLOW SUCH INSTRUCTIONS, WILL BE DONE AT MY OWN EXPENSE.

I ACKNOWLEDGE THAT A TATTOO IS A PERMANENT CHANGE TO MY APPEARANCE AND IT MAY BE DIFFICULT OR IMPOSSIBLE TO REMOVE AFTER APPLICATION.

I UNDERSTAND THAT KAVE ART & TATTOO RESERVES ALL RIGHTS TO USE ANY PHOTOS OF MY TATTOO.

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I HEREBY RELEASE AND FOREVER DISCHARGE AND HOLD HARMLESS KAVE ART & TATTOO & ANY AFFILIATES FROM ANY AND ALL CLAIMS, DAMAGES OR LEGAL ACTIONS ARISING FROM OR CONNECTED IN ANY WAY WITH MY TATTOO, OR THE PROCEDURE AND CONDUCT USED IN MY PERFORMING MY TATTOO, TO THE FULLEST EXTENT ALLOWED BY THE LAW.

*IF BEING TATTOOED BY APPRENTICE PLEASE INITIAL HERE TO CONFIRM THAT YOU'VE BEEN INFORMED _____

BY SIGNING BELOW I AGREE THAT I HAVE READ THE TATTOO WAIVER OF LIABILITY FORM PROVIDED BY KAVE ART & TATTOO AND AGREE TO ITS TERMS.

CLIENT SIGNATURE: _____ DATE: _____

PHONE: _____ EMAIL: _____