

# **SLAUGHTERIZED INK TATTOO & PIERCING STUDIO CONSENT FORM**

☐ I am at least 18 years old, or I am accompanied by my guardian, father, or legal guardian.

☐ I don't have a heart condition. I don't have epilepsy. I haven't had seizures within the past year. I am not a hemophiliac.

☐ If I am HIV-positive or have AIDS, Hepatitis or Syphilis, then I will inform the employee of Slaughtered Ink before any work takes place.

☐ I am not under the influence of drugs or alcohol. ☐ I am not pregnant or nursing. ☐ I have eaten in the past 4 hours.

☐ To my knowledge, I don't have any physical, mental, or medical impairments or disabilities that might affect my well-being as a direct or indirect result of the decision to have tattoo-related work or body piercing done at this time.

☐ I agree not to sue Slaughterized Ink in connection with any and all damages, claims, demands, rights, and causes of action of whatever kind or nature, be they injuries or property damage to, or death of myself or any other persons arising from my decision to have tattoo-related work or body piercing done here, whether or not caused by any negligence of Slaughterized Ink.

☐ I acknowledge that I have been given aftercare instructions and I agree to follow all instructions concerning the care of my tattoo and for body piercing. If touch-up work is needed due to my negligence, it will be done at my own expense.

☐ Being of sound mind and body, I hereby release any and all persons representing Slaughterized Ink of Ocoee, FL. From all responsibility, and I accept any and all responsibility myself for any consequences that may arise from any decision about tattoo-related work or body piercing done by Slaughterized Ink.

☐ I have been told and I am aware of the risks of getting a body piercing and/or tattoo. These risks include but are not limited to scarring, bruising, swelling, disfigurement, rejection, allergic reactions, infection, and pain.

☐ I understand that tattoos on the hands, feet, and lips are NOT guaranteed, and tattoos may fade or fall out completely.

☐ I understand that I am getting a body art procedure done in a safe, clean environment using sterilized equipment. I understand that there are variables that Slaughterized Ink cannot control while the procedure is happening, and it is my responsibility to keep my body clean and follow all aftercare instructions. I understand that tattoos and body piercings are NOT guaranteed to heal, however, Slaughterized Ink will, to the best of their ability, help me to troubleshoot any problems that may occur during and after the healing process. This troubleshooting or advice does not replace the diagnosis of a medical professional.

☐ I have been given verbal and written aftercare instructions and I understand them.

Do you have a history of bleeding disorders?\_\_\_\_\_

Do you have now or have you ever contracted Hepatitis A, B, or C, or Syphilis or are living with it?\_\_\_\_\_

Do you have any allergies including latex, metals, soaps, creams, medicines, etc.?\_\_\_\_\_

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

D.O.B:\_\_\_\_\_ AGE:\_\_\_\_\_ RACE:\_\_\_\_\_ SEX:\_\_\_\_\_ PHONE:\_\_\_\_\_

DL:\_\_\_\_\_ E-MAIL:\_\_\_\_\_

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

Emergency contact information (Do Not write 911):

Name:\_\_\_\_\_ Relationship:\_\_\_\_\_ Phone:\_\_\_\_\_

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

PHYSICIAN INFO:\_\_\_\_\_ Use our recommendation or add your own physician below

DR's information:\_\_\_\_\_

I acknowledge that I have read and understand this form and all information stated is true and correct.

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

Physician phone number:\_\_\_\_\_

Signature:\_\_\_\_\_ Minor Signature (if applicable) \_\_\_\_\_

Price of Piercing/Tattoo:\_\_\_\_\_ Time in:\_\_\_\_\_ Time out:\_\_\_\_\_

For Artist Only.

Date:\_\_\_\_\_ Location of Piercing or Tattoo:\_\_\_\_\_ Jewelry Used/Tattoo Description:\_\_\_\_\_

Artist Name:\_\_\_\_\_ Signature:\_\_\_\_\_

Complications occurred during the procedure:\_\_\_\_\_