

HOW DID YOU ORIGINALLY HEAR ABOUT US? (If radio, what station?)_____

RELEASE FORM

I do not have a heart condition. I am not pregnant. I do not have epilepsy. I have not had hepatitis within the last year. I am not a hemophiliac (free bleeder). I have not tested positive for the HIV virus or AIDS. I am not under the influence of drugs 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 result 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 due to my own negligence will be done at my own expense. I understand that if my skin is dark or tanned the colors of the tattoo will not appear as bright as they do on light skin. I understand that the tattoo/piercing may possibly cause my body to scar, bleed, swell, or may 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 "INK LINK 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 "INK LINK 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 "INK LINK TATTOOS." I agree for myself, heirs, assigns, and legal representatives to hold "INK LINK TATTOOS" harmless from all damages, causes of action, claims, judgements, cost of litigation, attorney fees, and all other cost and expenses which might arise from my decision to have any tattoo/piercing related work done by anyone representing "INK LINK TATTOOS." I agree to leave the premises of "INK LINK TATTOOS" promptly upon request, for any reason what so ever, by any agent or employee of "INK LINK TATTOOS." I agree that these waivers also pertain to and are designed to protect any and all establishments where "INK LINK 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_____

Please e-mail InkLinkTattooS.com Newsletters
to_____@_____

AGE _____ DOB____/____/____ PHONE (____)_____ ALLERGIES_____

PHYSICIAN'S NAME_____ PHYSICIAN'S NUMBER_____

EMERGENCY CONTACT_____ EMERGENCY NUMBER_____

I have shown ID, read and understand the above information. I have been explained to and given the opportunity to ask questions about the procedures, risks, and aftercare for my tattoo/piercing. I am at least 18 years of age.

SIGNATURE_____ DATE_____

CIRCLE: 1) TATTOO
TYPE OF TATTOO_____

2) PIERCING

LOCATION OF TATTOO_____ JEWELRY FOR PIERCING_____

SPELLING OF WORD(S) _____ LOCATION OF PIERCING _____

I agree to the price of \$_____ Please initial here_____ CIRCLE PAYMENT
TYPE: 1) Cash 2) Credit Card

RELEASE FOR MINORS (Under 18 years of age for piercing)

I have shown ID, read and understand the above information. I have been explained to and given the opportunity to ask questions about the procedures, risks, and aftercare for my piercing.

SIGNATURE _____ DATE _____

I, _____ being the sole legal guardian of _____,

Give my permission for him/her to get pierced at Ink Link Tattoos.

SIGNATURE _____ DATE _____