

MINOR 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 & PIERCINGS" 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 & PIERCINGS" 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 & PIERCINGS." I agree for myself, heirs, assigns, and legal representatives to hold "INK LINK TATTOOS, INC." harmless from all damages, causes of action, claims, judgments, cost of litigation, attorney fees, and all other cost and expenses which may arise from my decision to have any tattoo/piercing related work done by anyone representing "INK LINK TATTOOS & PIERCINGS". I agree to leave the premises of "INK LINK TATTOOS & PIERCINGS" promptly upon request, for any reason whatsoever, by any agent or employee of "INK LINK TATTOOS & PIERCINGS". I agree that these waivers also pertain to and are designed to protect any and all establishments where "INK LINK TATTOOS & PIERCINGS" 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: _____ AGE: _____ DOB ____/____/____

PHONE: (____) _____ ALLERGIES: _____ PHYSICIAN'S NAME & NUMBER: _____

EMERGENCY CONTACT & NUMBER: _____

INCLUDE ME IN YOUR FREE VIP PROGRAM FOR FUTURE SPECIALS AND GIVEAWAYS: YES NO

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

Location of tattoo: _____ Spelling of word (s): _____

Jewelry for Piercing: _____ Location of Piercing: _____

I agree to the price of \$ _____ Please initial here: _____ CASH CREDIT

RELEASE FOR MINORS (Under 18 for piercing or tattoo)

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

MINOR SIGNATURE: _____ **DATE:** _____

I, _____ being the sole legal guardian of _____ give my permission for him/her to be pierced/tattooed at Ink Link Tattoos & Piercings.

PARENT/LEGAL GUARDIAN SIGNATURE: _____ **DATE:** _____

