



Medical Disclosure & Release Form  
Bad Intentionz Tattoos LLC & W9 employees  
We have the right to refuse service to anyone

Artist: \_\_\_\_\_  
Card # \_\_\_\_\_

## BADINTENTIONZ TATTOO STUDIO LLC

### CONSENT TO TATTOO OR PIERCE AND RELEASE OF ALL CLAIMS

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ D.O.B \_\_\_\_\_ Age: \_\_\_\_\_

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

City & State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Tattoo/Piercing Requested(Design/Location): \_\_\_\_\_

I certify that the above information is true and correct to the best of my knowledge. I enter in this agreement on my free will and I am in a sober (drug and alcohol free) condition. I certify that I am at least 18 years of age.

To induce BadIntentionz Tattoos LLC tattoo/pierce my (location of tattoo) \_\_\_\_\_ and in consideration of their doing so, I hereby BadIntentionz Tattoos LLC artist from all liability, claims, damages, lawsuits, and demands, in law or equity, to the extent allowed by law, which I or my heirs might have now or hereafter, arising from or for complying with my request to be tattooed.

I understand that any tattoo should be considered permanent; that it can only be removed with a surgical procedure; and that any effective removal may leave scarring. Body piercing may leave scarring.

I understand that I will be tattooed using appropriate techniques to ensure proper healing of my tattoos. I agree to follow the procedures outlined on the accompanying care form for the care of tattoo until healing is complete. I understand that this type of tattoo takes 2 or more weeks to heal.

I further understand that even with appropriate techniques, instruments, and the utmost of care, infection is always possible, and assume the risk of such infection regardless of its cause. I further understand that there is always the possibility of an allergic reaction to some of the tattooing pigments and assume the risk of such allergic reactions.

I acknowledge that I am not suffering from or history of: diabetes, allergies, AIDS, hemophilia, immune disorders, epilepsy, seizures, fainting, narcolepsy, allergies or adverse reactions to pigments, dyes or other skin sensitivities, discoloration, swelling, lumps, scarring (keloid), skin diseases, skin lesions or skin sensitivities to soap, disinfectants, etc. or other types of irritation of the area to be tattooed, pregnancy or breast-feeding/nursing or any other condition that would make this condition dangerous.

Any condition that requires the client to take medications such as anticoagulants that thin the blood or interfere with blood clotting, or any other information that would aid the technician in the body art procedure. Also last time you ate.

artist makes no warranties as to the meaning of any tattooed symbols or designs.

BadIntentionz Tattoos LLC artist is not responsible for any complications due to mistreatment of the tattoo.

The technician shall not perform a body art procedure if the client fails to complete or sign the disclosure and authorization form, and the technician may decline to perform a body art procedure if the client has any identified health conditions.

Contact a qualified health care professional at the first sign of abnormal inflammation, swelling or possible infection

Also I give permission to copyright and or publish any photograph of myself with or without using my name in any such manner as deemed proper to their use.

**I HAVE CAREFULLY READ THIS CONSENT AND RELEASE FORM AND BY SIGNING SAME, AGREE TO ITS TERMS.**

Customer Signature \_\_\_\_\_ Initial \_\_\_\_\_ Date \_\_\_\_\_

**Place Photo  
ID Here**

**ALL DEPOSITS ARE NON-REFUNDABLE!**

deposits left after 30 Days or no call no show will be forfeited

! new deposit will be asked for new appointment

**7% SALES TAX TO ALL TATTOOS/PIERCINGS**

EMAIL: \_\_\_\_\_