



102 S. 3<sup>rd</sup> Avenue Wausau, WI 54401

**Consent and Release Form**

**I acknowledge by signing this agreement that I have been given the full opportunity to ask any and all questions which I might have about obtaining a tattoo from 102tat2, and that all of my questions have been answered to my full and total satisfaction. I acknowledge that I have been advised of the facts and matters set forth below, and agree as follows:**

1. I acknowledge that it is not possible for the representatives and employees of 102tat2 to determine whether I might have an allergic reaction to the dyes, pigments or processes used in my tattoo, and I agree to accept the risk that such a reaction is possible;
2. 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;
3. I acknowledge receipt of written instructions advising me of the proper care of my tattoo, and I recognize the absolute necessity for following those instructions;
4. I realize that variations in color and design may exist between any tattoo as selected by me and as ultimately applied to my body;
5. I acknowledge that a tattoo is a permanent change to my appearance and that no representations have been made to me as to the ability to later change or remove my tattoo;
6. I acknowledge that I have truthfully represented to the employees, agent and representatives of 102tat2 that I am over the age of eighteen (18) years;
7. I acknowledge that the obtaining of my tattoo is by my choice alone and I consent to the application of the tattoo and to any actions or conducts of the employees of 102tat2 necessary to perform the tattoo procedure;
8. I agree to allow 102tat2 and/or the original artist of the tattoo to use a digital image of my tattoo for promotional uses.

**\*\* YOU MUST BE AT LEAST 18 YEARS OLD\*\***

**THE FOLLOWING MEDICAL INFORMATION IS OPTIONAL:**

- \* Have you ever had hepatitis? \_\_\_ Yes    \_\_\_ No
- \* Have you tested HIV positive? \_\_\_ Yes    \_\_\_ No
- \* Any heart problems, seizures, blood disorders? \_\_\_ Yes    \_\_\_ No
- \* Taking any blood medications (e.g. thinners)? \_\_\_ Yes    \_\_\_ No
- \* **Females:** Are you pregnant? \_\_\_ Yes    \_\_\_ No

\* **Medic Alert Info:** \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING:**

**Name (Please print)** \_\_\_\_\_ **Today's Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Address** \_\_\_\_\_ **Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_

**City, State, Zip** \_\_\_\_\_ **Age** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Phone Number (\_\_\_\_)** \_\_\_\_\_

~ FOR ARTIST USE ONLY ~

**Design:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**ARTIST:** \_\_\_\_\_ **PRICE: \$** \_\_\_\_\_