

MINOR CONSENT TO TATTOO & RELEASE OF CLAIMS

I _____, the parent/legal guardian of _____

Induce Twisted Image Tattoos to tattoo my son and/or daughter. In consideration of doing so, I fully understand the tattoo artist does not act as a medical professional. Any suggestions made to me are NOT to be construed as/or substituted for advice from a medical professional. I acknowledge by signing this Release I have been given the full opportunity to ask any and all questions which I might have about obtaining a tattoo and all my questions have been answered to my full and total satisfaction. I acknowledge I have been advised of the matters set forth below and I agree as follows:

*****IF YOUR CHILD HAS ANY KNOWN LATEX ALLERGIES PLEASE LET US KNOW.*****

(____) My child is not pregnant or nursing. He/She does not have epilepsy or hemophilia. He/She does not suffer from any heart conditions or take medication which thins the blood. I have informed the Tattoo Artist of any condition such as diabetes that might hamper healing of the tattoo.

(____) If He/She suffers from hepatitis, or any other communicable disease, I have informed the Tattoo Artist.

(____) He/She does not suffer from medical or skin conditions such as, but not limited to: keloid or hypertrophic scarring, psoriasis at the site of the tattoo or any open wounds or lesions at the site of the tattoo.

(____) I have advised the Tattoo Artist of any allergies to metals, latex gloves, soaps and medications. I acknowledge it is not reasonably possible for the Tattoo Artist to determine whether He/She might have an allergic reaction to the tattoo or processes involved in the tattoo and further acknowledge that such a reaction is possible.

(____) My Child is not under the influence of drugs or alcohol. To my knowledge, He/She does not have any physical, mental or medical impairment or disability which might affect his/her well-being as a direct or indirect result of my decision to have a tattoo done at this time.

(____) I acknowledge that obtaining this tattoo is my child's choice alone and will result in a permanent change to his/her appearance, and that no representation has been made to me as to the ability to later restore the skin involved in this tattoo to its pre-tattoo condition

(____) I acknowledge infection is always possible as a result of obtaining a tattoo. My child and I have received aftercare instructions and We agree to follow all of them while the tattoo is healing.

(____) I understand he/she will be tattooed using appropriate instruments and sterilization.

Therefore, I request the Tattoo artist to tattoo _____ on my son/daughter's _____. I agree to release and forever discharge and hold harmless the Twisted Image Tattoos and all employees from any and all claims, damages or legal actions arising from or connected in any way with my tattoo, or the procedure and conduct used in his/her tattoo.

Signature (Parent) _____ Date: _____

Signature (Minor) _____ Date: _____

Notary Stamp

Signature of Tattoo Artist _____