

True Art Tattoos, Inc.

4118 Lorain Avenue

Cleveland, OH 44113

Please initial all lines below, then fill in
your information and sign this form.

Date: _____

TATTOO RELEASE FORM

- _____ I am at least 18 years old.
- _____ I do not have epilepsy, AIDS, or HIV.
- _____ I do not have hepatitis.
- _____ I am not a hemophiliac (bleeder).
- _____ I do not take blood thinners.
- _____ I do not have a heart condition.
- _____ I am not under the influence of drugs or alcohol.

_____ To my knowledge, I don't have any physical, mental or medical impairment, condition, or disability which might affect my well being as a direct or indirect result of my decision to have any tattoo-related work performed on me.

_____ I agree to follow all instructions concerning the care of my tattoo while it is healing and afterward.

_____ 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 pigment (color) is darker, the colors will not appear as bright as they do on light skin pigment.

_____ Being of sound mind and body, I hereby release any and all persons representing **True Art Tattoos** from all responsibility, now and in perpetuity.

_____ I accept any and all responsibility myself for any consequences that might stem from my decision to have any tattoo-related work done by a representative of **True Art Tattoos**.

_____ I agree for myself, my heirs, assigns, and legal representatives to hold harmless from all damages, actions, causes of action, claim judgments, costs of litigation, attorney's fees, and all other costs and expenses which might arise from my decision to have any tattoo-related work done by a representative of **True Art Tattoos**.

_____ I agree to leave the premises of **True Art Tattoos** or any other establishment where **True Art Tattoos** is engaged in business, promptly upon request, for any reason whatsoever, by any agent or employee of **True Art Tattoos**.

_____ I agree to pay for any and all damages or injuries to any and all persons and property belonging to **True Art Tattoos** or any other person to whom **True Art Tattoos** and representatives may become liable contractually or by operation of law, caused by, or resulting from my decision to have any tattoo-related work done by a representative of **True Art Tattoos**.

_____ I agree that these waivers also pertain to and are designed to protect any and all establishments where **True Art Tattoos** conducts business.

_____ I have read and understood each of the above paragraphs.

Signature: _____

Print Name: _____

Address: _____

Apt.#: _____

City: _____

State: _____ Zip Code: _____

Phone (_____) _____ (include area code)

Email: _____

_____ I agree to receive email from **True Art Tattoos**. I understand that **True Art Tattoos** will not share my information in any way, except as required by law, with any 3rd parties.

_____ All tattoos must be paid in advance of process.

_____ All clients must present valid ID, and agree to being photographed by **True Art Tattoos**.

_____ Photos will be used in portfolios and as promotion for **True Art Tattoos**. I agree to release my pictures for any use by **True Art Tattoos**.

_____ I AGREE THIS SHOP HAS A NO REFUND POLICY ON TATTOOS, PIERCINGS AND/OR RETAIL SALES AND I WILL NOT ASK FOR A REFUND FOR ANY REASON WHATSOEVER.

Artist Name: _____ Location of Tattoo: _____

HOW DID YOU HEAR ABOUT US? _____

