

# Libre Tattoos Client Release

Atlanta, Georgia

(718) 986-6493

Print name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Driver's license or I.D. # \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

## Medical History

Have you ever been tattooed before?	YES	NO
Are you pregnant?	YES	NO
Do you have a heart condition, epilepsy, or diabetes?	YES	NO
Are you a hemophiliac (bleeder) or on any medications that may cause bleeding or may hinder blood clotting or healing	YES	NO
Do you have any communicable diseases? (HIV / HEPATITIS)	YES	NO
Are you under the influence of alcohol or drugs, prescribed or otherwise?	YES	NO
Do you have any allergies? (Medicines or topical solutions, latex etc)	YES	NO
Do you have any other medical or skin conditions that may affect the outcome of your procedure?	YES	NO

EXPLAIN \_\_\_\_\_

## Waiver and Release

- Int. \_\_\_\_\_ 1. All questions about the body art procedure have been answered to my satisfaction, and I have been given written aftercare instructions for the procedure I am about to receive.
- Int. \_\_\_\_\_ 2. The tattoo described or shown on the client release form is correctly placed and drawn to my specifications.
- Int. \_\_\_\_\_ 3. I understand that tattooing is permanent and that if I choose to have it removed it may be expensive and leave scars.
- Int. \_\_\_\_\_ 4. Being of sound mind and body, I hereby release any and all employees, agents or persons representing Libre Tattoos from all responsibility. I agree not to sue Libre Tattoos in connection with any and all damages, claims, demands, rights and causes of action of whatever kind or nature based upon injuries or property damages to or death of myself or any other persons arising from my decisions to have any tattoo work at this time, whether or not caused by any negligence of Libre Tattoos.
- Int. \_\_\_\_\_ 5. I agree for myself, my heirs, and legal representatives to hold harmless from all damages, actions, causes of action, claim judgments, costs of litigations, attorney's fees and all other costs and expenses which might arise from my decision to have any tattoo done by Libre Tattoos.
- Int. \_\_\_\_\_ 6. I am the person on the legal ID presented as proof that I am at least 18 years of age.
- Int. \_\_\_\_\_ 7. I am not under the influence of alcohol or drugs and that I am voluntarily submitting to be tattooed without duress or coercion and I hereby grant irrevocable consent to and authorize the use of any reproduction by Libre Tattoos, any and all photographs which are taken this day of me, negative or positive proof which will be hereby attached for any purposes whatsoever, without further compensation to me. All negatives, together with the prints, video, or live internet stream shall become and remain the property of Libre Tattoos solely and completely.
- Int. \_\_\_\_\_ 8. I understand there is a possibility of an allergic reaction or an infection.
- Int. \_\_\_\_\_ 9. I swear or affirm that the above information is true and correct and I have been provided with information describing instructions on after care. I have been made aware that if I have any signs or symptoms of infection, such as swelling, pain, redness, warmth, fever, unusual discharge or odor to contact my physician. I have been fully informed of the risks of tattooing including but not limited to infection, scarring, difficulties in detecting melanoma, and allergic reactions to tattoo pigment, latex gloves, and antibiotics. Having been informed of the potential risks associated with getting a tattoo, I still wish to proceed with tattoo application and I assume any and all risks that may arise from tattooing.

Customer Signature \_\_\_\_\_

Date \_\_\_\_\_

## **DO NOT WRITE BELOW THIS LINE**

Description of tattoo \_\_\_\_\_ Exact spelling of names or words \_\_\_\_\_  
Location on body \_\_\_\_\_ Ink (Electra) \_\_\_\_\_ Complications? \_\_\_\_\_

Artist's Signature \_\_\_\_\_ (Libre Rocha)

Client ID: