

## TATTOO STANDARD RELEASE FORM

Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Physician\*: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

\*You may choose to initial below indicating your choice to designate the Gulf Gate Walk-In Clinic as your physician.  
\_\_\_\_\_ (Client Initials) Gulf Gate Walk-In Clinic 6128 Tamiami Trail, Sarasota., FL 34231, Ph: 941-923-5882.

Bleeding Disorders: Yes \_\_\_\_ No \_\_\_\_ If Yes List: \_\_\_\_\_

Allergies/ Skin Conditions: (i.e. Iodine, topical solutions, medications, latex, etc.) \_\_\_\_\_

Email Address (optional): \_\_\_\_\_

I am at least 18 years. I do not have a heart condition. I am not diabetic. I haven't had hepatitis within the last year. I am not a hemophiliac (bleeder). I do not have epilepsy. I am not under the influence of drug or alcohol. To my knowledge, I do not have a physical, mental, or medical impairment or disability, which might affect my well-being as a direct or indirect result of my decision to have any tattoo done at this time. Being of sound mind and body, I hereby release any and all persons representing **Mockingbird Tattoo Company PLLC** from all responsibility. I accept any and all responsibility for myself, for any and all consequences that might arise from my decision to have any tattoo done by **Mockingbird Tattoo Company PLLC**. I agree not to bring suit against **Mockingbird Tattoo Company PLLC** in connection with any and all damages, claims, demands, rights, and causes of action of whatever kind or nature, based upon injuries or property damage to, or death of myself, or any other persons arising from my decision to have a tattoo done at this time, whether or not caused by any negligence of **Mockingbird Tattoo Company PLLC**. I agree to pay any and all damages and injuries to any and all persons and property belonging to **Mockingbird Tattoo Company PLLC**, or any other persons to whom **Mockingbird Tattoo Company PLLC** may become liable contractually or by operation of law, caused by, or resulting from my decision to have any tattoo done by **Mockingbird Tattoo Company PLLC**. I agree to pay the reasonable attorney's fees and costs arising from any legal action against **Mockingbird Tattoo Company PLLC** brought by myself, my agents or assigns. I agree to leave the premises of **Mockingbird Tattoo Company**, or any other establishment where **Mockingbird Tattoo Company PLLC** is engaged in business, promptly upon request, for any reason whatsoever, by any agent or employee of **Mockingbird Tattoo Company PLLC**. I agree that those waivers also pertain to and are designed to protect any and all establishments where **Mockingbird Tattoo Company PLLC** conducts business. I represent and warrant to **Mockingbird Tattoo Company PLLC** that the above information is true and correct. 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 I might have an allergic reaction to the tattoo or process involved in the tattoo and further acknowledge that such reaction is possible. I have had the aftercare instructions explained to me. I understand all the aftercare instructions as they were explained. I have been given a copy of my aftercare instructions. I agree to follow all instructions concerning the care of my tattoo while it is healing. I acknowledge infection is always possible as a result of obtaining a tattoo. 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 is dark, the colors may not appear as bright as they do on lighter skin. I realize that my tattoo is being done in a sterile environment with sterile instruments, sterilized in an "Autoclave". I accept any and all responsibility myself for any consequences that might arise from my decision to have any tattoo work done at **Mockingbird Tattoo Company PLLC**.

Signed \_\_\_\_\_ Date \_\_\_\_\_

For Minors (16 or 17 years old): Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

(Attach – DL Dept. of Health Authority 381.00789, Florida Statutes WRITTEN NOTARIZED CONSENT FOR TATTOOING OF A MINOR CHILD)

### FOR OFFICE USE ONLY

Tattoo Artist: \_\_\_\_\_ Signature: \_\_\_\_\_

Location and description of Tattoo: \_\_\_\_\_

Comments: \_\_\_\_\_