

House of Jackalope

ARTIST _____
PRICE _____
TIME IN _____
OUT _____

CONSENT TO APPLICATION OF TATTOO AND RELEASE AND WAIVER OF ALL CLAIMS

I acknowledge by signing this in writing that I have been given the full opportunity to ask any and all questions which I might have about the obtaining of a tattoo from House of Jackalope Tattoos LLC (HoJ) and that all of my questions have been answered to my complete satisfaction. I specifically acknowledge that I have been advised of the facts and matters set forth below, and agree as follows. **PLEASE INITIAL EACH:**

- _____ I acknowledge that I am not pregnant.
- _____ I acknowledge that I am in a healthy state and not under the influence of drugs and/or alcohol.
- _____ I acknowledge that I have truthfully represented to the associates and representatives of HoJ that I am over eighteen (18) years of age, or accompanied by my legal guardian (Age _____).
- _____ I acknowledge that if false information or documents are given that I am liable for prosecution.
- _____ I acknowledge that it is not reasonably possible for associates or representatives of HoJ to determine whether I might have an allergic reaction to the dyes, pigments, or any other standard materials used in the process of my tattoo, and I agree to accept the risk that such reactions are possible.
- _____ I acknowledge that variations in color and design may exist between a tattoo design as selected by me and the design details as ultimately applied to my body.
- _____ I acknowledge that infection is always a possible result of obtaining a tattoo, particularly in the event that I do not take proper care of my tattoo.
- _____ I acknowledge that a tattoo is a permanent change to my appearance and that no representation has been made to me regarding the ability to later change, alter or remove my tattoo.
- _____ I acknowledge that the obtaining of a tattoo is by my choice alone and I consent to the application of the tattoo and to any action or conduct by the associates and representatives of HoJ reasonably necessary to perform the tattoo procedure.
- _____ I agree to the release of liability and forever discharge and hold harmless HoJ and its associates, agents, officers, shareholders, and representatives from any and all claims, damages or legal actions arising from or connected in any way with my tattoo or the procedures and conduct used to apply my tattoo.

PLEASE SELECT BY CIRCLING

Are you taking any medications that may affect the procedure or healing?	YES	NO
Do you have any abnormal skin conditions that may affect the procedure or healing?	YES	NO

Name _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____

I acknowledge that my tattoo stencil is exactly what I want, the exact size that I want it, is exactly where I want it on my body and that all names, words, phrases, dates, letters and numbers are spelled correctly and placed in the exact location of my preference. I acknowledge that this tattoo stencil meets my approval.

SIGNATURE _____ DATE _____

ARTIST SIGNATURE _____

TATTOO DETAILS *(For artist to fill out)*

Location _____

Description _____

Words/Lettering/Numbers _____

INKS USED _____

(Complete this section AFTER the entire tattoo procedure is finished)

_____ I acknowledge that I witnessed the artist open the needles, tubes, and ointments used in the process of my tattoo from single use, sterilized packaging.

_____ I acknowledge that I witnessed the artist pour the pigments used in my tattoo into new, disposable containers.

_____ I acknowledge that I was given the opportunity to visibly inspect the drawing, stencil, or other means and details of my tattoo by the artist.

_____ I acknowledge that I witnessed the artist dispose of the needle(s) used in my tattoo into a proper sharps container.

_____ I acknowledge that I witnessed the artist dispose of the tube(s) and pigment(s) used in my tattoo.

_____ I acknowledge receipt of written instructions advising me of proper care of my tattoo, and I recognize the absolute necessity for following those written instructions.

SIGNATURE _____ **DATE** _____

ARTIST _____