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Name \_\_\_\_\_ Age \_\_\_\_\_ D.O.B \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_ Tattoo Description \_\_\_\_\_ Area \_\_\_\_\_

I have been given the opportunity to discuss all concerns or questions I may have regarding my tattoo and all questions have been answered to my full satisfaction. Any tattoo that has spelling, symbols, or foreign languages has been verified by myself and I accept full responsibility for the accuracy. I understand a copy of this release is available to me at my request.

\_\_\_ I grant The Hive Tattoo an irrevocable license to use any photos taken during the process of my tattoo in any manner they deem fit. Not limited to and including, portfolios, advertisements, and promotional materials. The Hive Tattoo has no obligation to use any likeness of me.

\_\_\_ I acknowledge by my signature that I am over the age of 18. I have presented my valid identification and all information provided by me is true and accurate. I understand that misrepresenting my age, or falsifying any information, or identification is a federal offense and makes me liable for prosecution.

\_\_\_ I do not have any physical, mental, medical impairment, or disability, which might affect my well-being as a direct or indirect result of my decision to be tattooed. I am of sound mind and body.

\_\_\_ I am not under the influence of any drugs or alcohol. I have eaten in the last 3 hours. If female, I am NOT pregnant or nursing.

\_\_\_ I understand prior to getting tattooed that it is important to consult a medical professional about all drug indications, especially with regard to blood thinners. In addition, I acknowledge that if I have any communicable diseases or medical conditions I have consulted with a qualified physician to discuss possible complications due to getting tattooed and have been given full medical approval to obtain this procedure.

\_\_\_ I agree to follow all healing aftercare instructions given by my tattoo artist, unless doing so goes against any medical advice. I will immediately consult with my tattoo artist for any additional questions or concerns regarding the healing process of my tattoo.

\_\_\_ I recognize that the tattoo process may adversely affect the following conditions or itself be adversely affected by these conditions. These conditions include but are not limited to:

Heart Problems	Hepatitis	Diabetes
Epilepsy	MRSA/Staph	Psoriasis
Allergies	Hemophilia	Anemia
Cold Sores	Eye Problems	History of Seizure/Fainting
History of Keloid scarring	HIV/Hepatitis/Lupus or other Auto-Immune Diseases	Moles/Freckles or Skin Problems, including Sunburn at the site of Tattoo

I agree to release and forever discharge and hold harmless Hive Tattoo and all other agents or employees from any and all manner of liabilities, claims, demands or actions in law or equity, which I or my heirs have or might have now or hereafter arising from or connected in any way with my tattoo procedure and conduct used for my tattoo.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please add me to The Hive mailing list for updates on events and important news Yes / No \_\_\_ (initial)