HIVE Tattoo
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Informed Consent and Release for Tattooing

Todays Date _____

☐ Joanne Slorach BAP-TA-10155845   ☐ S. Roll Hardy BAP-TA- 980972   ☐ Nate Luna BAP-TA-10174977

☐ A. Agnes Hamilton BAP-TA-10162586   ☐ Shona Crawford BAP-TA- 10273834

☐ Sean P. Bernard BAP-TA-10196828   ☐ Ashley Antolin BAP-TA-10183701

Name_____   Age_____   D.O.B_____

Address_____ City_____ State_____ ZIP_____

Email_____   Phone_____

Tattoo Description_____   Procedure 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 have been verified by myself and I accept full responsibility for the accuracy.   I understand a copy of this this release is available to me at my request.

_____I grant The Hive Tattoo 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, 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 regards 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 tattooist, 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   ____Psoriasis   ____Eye Problems

____Hepatitis   ____Allergies   ____History of Seizure/Fainting

____Diabetes   ____Hemophilia   ____History of Keloid scarring

____Epilepsy   ____Anemia   ____HIV/Hepatitis/Lupus or other Auto Immune Diseases

____MRSA/Staph   ____Cold Sores   ____Moles/Freckles or Skin Problems, including Sunburn at 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)