

DREAM CHASER TATTOOS LLC - TATTOO/BODY PIERCINGS

Consent/Waiver for Tattoo/Piercing Procedure & Release of Claims for Adults & Minors

Name _____ Age _____ Date of Birth _____

Address _____ City & State _____ Zip Code _____

Phone Number (Cell) _____ Home _____ Email _____

Body Area _____ Tattoo/Piercer _____ Price _____

PLEASE READ AND SIGN BELOW BEFORE PROCEDURES ARE PERFORMED

- ✓ I will tell my tattoo/piercer of any medical conditions I have. I am not pregnant or nursing, HIV positive, have any type of Hepatitis or other blood borne diseases, diabetes, epilepsy, heart conditions, STDs, hemophilia or take blood thinners.
- ✓ I do not have any skin conditions including but not limited to acne, scarring, (Keloid) eczema, psoriasis, freckles, moles or sunburn in the area to be tattooed/pierced that may interfere with said tattoo/piercing. I have advised my tattoo/piercer of any type of infection or rash anywhere on my body. I understand that skin treatments, laser hair removal, plastic surgery, or other skin altering procedures may result in changes to my tattoo/piercing. I realize that variations in color and design may exist between any tattoo as selected by me and ultimately applied to my body. I understand that if my skin is too dark, the colors will not appear as bright as they do on light skin.
- ✓ I am not under the influence of any other persons, I accept this decision as my responsibility, and I am not intoxicated with alcohol or any type of illegal substances. To my knowledge I do not have a physical, mental or medical impairment, or disability which might affect my wellbeing as a direct or indirect result of my decision to get a tattoo/piercing.
- ✓ I acknowledge that infection is always possible because of getting a tattoo/piercing, especially with improper aftercare. **Dream Chaser Tattoos LLC** will give proper instructions on aftercare of all procedures performed. I have been told of the risks and complications that are involved, and I agree to follow up with my tattoo/piercer while my tattoo/piercing is healing. I agree any touch up work needed due to my own negligence will be done at my own expense. It is my responsibility to clean and take care of my tattoo/piercing, and I agree to accept the risks that such a reaction is possible. I acknowledge improper aftercare is the reason for bad healing and increases the risk of an infection.
- ✓ I will never pursue any legal action whatsoever, against **Dream Chaser Tattoos LLC** and/or its affiliates. I hold **Dream Chaser Tattoos LLC**, owner **Daveron Chenault**, as well as anyone doing business with **Dream Chaser Tattoos LLC** completely harmless from all causes of action and responsibility resulting from procedures done at **Dream Chaser Tattoos LLC**.
- ✓ I am over the age of 18 or have proper lawful consent by my parent/guardian, and consent to the application of the tattoo/piercing and to any actions or conduct of the representatives and employees of **Dream Chaser Tattoos LLC** reasonably necessary to perform the tattoo/piercing procedure. I am releasing a copy of my photo ID to ensure my identity and am not using a false name, date of birth, or falsifying parental/guardianship matters.

Client Signature _____ Artist Signature _____ Date __/__/__

UNDER 18 LEGAL CONSENT – TO BE FILLED OUT BY LEGAL PARENT/GUARDIAN AND NOTORIZED

(Notary please add your id number)

Signature _____ Are You Sure? YES! NO! Date __/__/__

Relationship _____ (Must be a parent or legal, document guardian)

Method of Payment CASH CREDIT/DEBIT GIFT CERTIFICATE

How did you hear about us? _____