Piercing

Hartford County Tattoo LLC and Body Piercing

Consent to body pierce release and waiver of all claims

I acknowledge by signing this agreement that I have been given the full opportunity to ask any and all questions I might have about the obtaining of a body piercing from the staff of Hartford County Tattoo LLC and that all of my questions have been answered to my full and total satisfaction. I specifically acknowledge by signing that I have read this document and have been advised of the facts set forth below, and I agree as follows:

-I do not have diabetes, epilepsy, hemophilia, a heart condition, hypoglycemia, high blood pressure, low blood pressure or take medicine which thins the blood. I do not have any infectious diseases such as, but not limited to hepatitis, HIV-AIDS, tuberculosis or any other communicable disease. I have not had jaundice or hepatitis within the last two years. I am not pregnant or nursing. I am not under the influence of alcohol or drugs. I do not, to my knowledge , have any medical condition that may place myself or the representatives of Hartford County Tattoo LLC at risk during the course of the body piercing to be performed. I understand that if I misrepresented any medical condition that may place the owner or any representatives of Hartford County Tattoo LLC at risk, I may be held liable to the fullest extent of the law. I do not have medical or skin condition such as, but not limited to: acne, scarring (keloid), eczema, psoriasis, freckles, moles, or sunburn in the area to be pierced that may interfere with said piercing.

--I acknowledge that I am not allergic to iodine or latex and that it is not reasonably possible for the representatives or owner of Hartford County Tattoo LLC to determine whether I might have a allergic reaction to the equipment or processes used in my piercing. I agree to accept the risk that such a reaction is possible.

-I acknowledge that infection is always possible as a result of the obtaining of a piercing, particularly in the event that I do not take proper care of my piercing. I agree to follow all instructions concerning the care of my own piercing while it is healing. I have been given these instructions, understand and accept full responsibility for the care and healing or my piercing. I agree that any follow-up work needed, due to my own negligence, will be done at my own expense.

-I acknowledge the potential risks of disfigurement associated with body piercing. I understand that removal of my piercing may leave permanent scarring and disfigurement. To my knowledge, I don't have any 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 piercing related work done at this time.

-I acknowledge that I have truthfully represented with photo ID to the representatives of Hartford County Tattoo LLC that I am eighteen years of age or older, and that this information is true and correct.

-I acknowledge that the obtaining of my piercing is by my choice alone. I consent to the piercing and to any actions or conduct of the owner or representatives of Hartford County Tattoo LLC reasonably necessary to perform the piercing procedure. I release all rights to any photographs taken, and give my complete advance consent for their reproduction in any print or electronic form, or exhibition in any venue.

--I acknowledge that there is no legal reason that precludes me from giving my consent for the piercing to be performed. I agree to release and hold harmless Hartford County Tattoo LLC, its owner and representatives from any and all claims, damages, demands, rights, or legal actions arising from or connected in any way with my piercing or the procedures and conduct used to obtain my piercing. I forfeit my right, as well as the rights of my heirs and estate to seek compensation for any injuries, damages and deaths resulting from my decision to undergo this piercing, whether or not caused by negligence. In the event of any litigation arising from or related to this agreement or the services provided under this agreement, Hartford County Tattoo LLC shall be entitled to recover all reasonable costs incurred, including staff time, court costs, attorney's fees and all other related expenses in such litigation from the non-prevailing party if Hartford County Tattoo LLC is the prevailing party.

-I agree to leave the premises of Hartford County Tattoo LLC, promptly upon request, for any reason whatsoever. I understand that Hartford County Tattoo LLC. reserves the right to refuse service to anyone for any reason. Additionally, Hartford County Tattoo LLC. reserves the right to decline to perform certain tattoos on any individual at the discretion of the artist.

----------**CUSTOMER PLEASE COMPLETE IN INK**----------

I have reviewed, understood and agree to the policies and requirements of Hartford County Tattoo LLC and hereby give the consent to Hartford County Tattoo LLC to perform the tattoo work on my person. I have received and agree to follow all aftercare instructions.

Name:_____ Phone ( )_____

Address:_____

City State Zip

Birth Date:_____ Age Today:_____

Signature:_____ Date:_____

----------**ARTIST PLEASE COMPLETE** ----------

Piercing to be performed (circle 1 only- a separate form must be completed for each piercing)

Navel Tongue Nostril Septum Eyebrow Lip Earlobe Other_____

Artist:_____ Date:_____