

TATTOO RELEASE FORM



Mockingbird Tattoo Co.
1888 Stickney Point Rd.
Sarasota, FL 34231

Name: _____

Date of Birth: _____ Age: _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

By signing below, I acknowledge and accept the following:

- I am 18 years old, or older. I am not under the influence of drugs or alcohol. I do not have a physical, mental, or medical impairment which might affect my well-being, or my decision to have a tattoo done at this time.
- I have discussed with my artist any pre-existing medical conditions including, but not limited to: diabetes, epilepsy, hemophilia, heart condition(s), HIV, skin conditions, organ or bone transplant, recent surgery or antibiotic use. I do not take blood thinning medication. I do not have any other medical or skin condition that may interfere with the procedure, application or healing of the tattoo. I am not pregnant or nursing.
- I have advised the Tattoo Artist of any allergies to metals, latex, plant-based ingredients, soaps and medications. I acknowledge it is not reasonably possible for the Tattoo Artist to determine whether I might have an allergic reaction to the tattoo or process involved in the tattoo. I acknowledge infection is possible as a result of obtaining a tattoo. I agree to strictly follow all aftercare instructions for my tattoo to minimize this risk. I agree that any touch-up work needed, due to my own negligence, will be done at my own expense.
- I understand that each person's skin is different. The colors may not appear as bright, light, dark, or sharp as they do on other skin. I understand that tattoos naturally fade over time.
- I agree to allow the tattoo artist/studio to take photos of the tattoo for use in promotional materials, portfolio books, and online. If I have any concerns on photographic use, I have discussed it with my Tattoo Artist.
- I hereby release the company and any and all persons representing Mockingbird Tattoo Company PLLC from all responsibility. I accept any and all responsibility for myself, for any and all consequences that might arise from my decision to have any tattoo done by Mockingbird Tattoo Company PLLC.

Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(For minors 16 or 17 years old)

(Attach - DL Dept. of Health Authority 381 .00789, Florida Statutes WRITTEN NOTARIZED CONSENT FOR TATTOOING OF A MINOR CHILD)

FOR OFFICE USE:

Artist Name: _____ Artist Signature: _____

Tattoo Description and Location: _____
