

Bad to the Bone Tattooing

4635 Bonita Beach Rd, Bonita Beach. Florida 34134

TATTOO RECORD & RELEASE FORM

I, the undersigned, agree of my own free will to the performance of the above procedure by Bad to the Bone Tattooing. DATE: ____/____/____.

The procedure has been explained to me along with its inherent risks. I understand an agree to hold harmless and release from liability Bad to the Bone Tattooing and it's staff and employee's for any event, after-effect, or consequence arising from the above procedure. If all questions have been answered please initial. _____

An after-care regiment has been explained to me at the time of the procedure and I agree to follow it as recommended. I understand an agree to hold harmless and released from liability Bad to the Bone Tattooing and it's staff and employee's for any event, after-effect or consequence arising from the above procedure. If you understand and agree please initial. _____

Minors: Anyone under the age of 18 must have a notarized form from a parent or legal guardian. No one under the age of 16 will be tattooed.

NAME: _____ AGE: _____ DOB: ____/____/____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ SEX: M _____ F _____

RACE: WH _____ BLK _____ HSP _____ ASIAN _____ OTHER _____

ANY ALLERGIES TO: Bacitracin, Bag Balm, Isopropyl Alcohol, Benzocaine, Lyidocaine, Green Soap, Any Type Of Ink Or Dye, other: _____.

IN CASE OF EMERGENCY PLEASE CONTACT: _____
ADDRESS/PHONE: _____

SIGNATURE: _____
TATTOO PERFORMED BY: _____ TYPE OF TATTOO: _____
PRICE OF TATTOO: _____ LOCATION: _____

CONDITION OF SKIN AT TATTOO SITE: _____

NOTARY IF NEEDED

NAME OF MINOR: _____ PARENT OR GUARDIAN: _____
THIS SIGNATURE NOTARIZED BEFORE ME ON THIS DATE: ____/____/____

NOTARY SIGNATURE: _____
PRINTED NAME: _____ (SEAL)

ANY COMPLICATIONS DURING PROCEDURE: _____