



MORNING STAR TATTOO SHOP
 15503-C SE MILL PLAIN BLVD SUITE #5
 VANCOUVER - WA
 360-882-1960

In consideration of receiving a tattoo from **Morning Star Tattoo Shop**, together with it's employees, apprentice and agents of the **Piercing Shop**, I agree to the following:

That I, _____ (clearly print your name) have been fully informed of the **inherent risks** associated with getting a piercing. I fully understand that these risks, Know and unknown, can lead to injury, including but not limited to infection, scarring and keloiding, allergic reactions to jewelry, latex gloves, and/or soap. Having been informed of the potential risks associated with getting a piercing, I still wish to proceed with the piercing application and freely accept and expressly assume any and all risks that may arise from piercing.

TO WAIVE AND RELEASE to the fullest extent permitted by law each of the **Artist** and the **Piercing Shop** from all liability whatsoever, for any and all claims or causes of action that I, my estate, heirs, executors or assigns may have for personal injury or otherwise, including any direct and/or consequential damages, which result or arise from the application of my piercing, whether caused by negligence or fault of either the **Artist** or the **Piercing Shop**, or otherwise.

I affirm that both the **Artist** and the **Piercing Shop** have given me the full opportunity to ask any and all questions about the application of my piercing and all of my questions have been answered to my total satisfaction.

The **Artist** and the **Piercing Shop** have given me instructions on the care of my piercing while it is healing, and will follow them. I acknowledged that it is possible that the tattoo can become infected, particularly if I do not follow the instructions given to me.

I am not under the influence of alcohol or drugs, and I am voluntarily submitting to be pierced by the Artist without duress or coercion.

I do not have **Diabetes, Epilepsy, Hemophilia, a Heart Condition**, or do I take **Blood Thinning Medication**. I do not have any other medical or skin condition that may interfere with the application or healing of the piercing. I am not the recipient of an organ or bone marrow transplant or, if I am I have taken the prescribed preventive regimen of anti-biotics that is required by my doctor in advance of any invasive procedure such as piercing. I am not pregnant or nursing. I do not have a mental impairment that may affect my judgment in getting pierced.

I release all rights to any photographs taken of me and the piercing and give consent in advance to their reproduction in print or electronic form (If you do not initial this provision, please advise and remind your Artist and the **Piercing Shop** NOT to take pictures of you and your piercing).

I agree to reimburse each of the Artist and the Tattoo Shop for any attorneys, fees and costs incurred in any legal action I bring against either the **Artist** or the **Piercing Shop** is the prevailing party. I agree that the courts of **Washington** in **Clark County** shall have personal jurisdiction and venue over me and shall have exclusive jurisdiction for the purpose of litigating any dispute arising out of or related to this agreement.

I acknowledge that I have been given adequate opportunity to read and understand this document, that it was not presented to me at the last minute, and I understand that I am signing a legal contract waiving certain rights to recover against the **Artist** and the **Piercing Shop**.

If any provision, section, subsection, clause or phrase of this release is found to be unenforceable or invalid, that portion shall be severed from this contract the remainder of this contract will then be construed as though the unenforceable portion had never been contained in this document.

I hereby declare that I am of legal age (and have provided valid proof of age) and am competent to sign this agreement.

Full Name: _____ Date of Birth: ___ / ___ / ___

Address: _____ Phone: _____ - _____ - _____

Signature: _____ Date: ___ / ___ / ___

**Signature of Parent or Guardian if Participant Is a minor,
 and by their signature they, on my behalf, release claims that both they and I have.**

Signature: _____ Date: ___ / ___ / ___ ID# _____