



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 **Tattoo Shop**, I agree to the following:

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

TO WAIVE AND RELEASE to the fullest extent permitted by law each of the **Artist** and the **Tattoo 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 tattoo, whether caused by negligence or fault of either the **Artist** or the **Tattoo Shop**, or otherwise.

That both the **Artist** and the **Tattoo Shop** have given me the full opportunity to ask any and all questions about the application of my tattoo and all of my questions have been answered to my total satisfaction.

The **Artist** and the **Tattoo Shop** have given me instructions on the care of my tattoo 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. If any touch-up work to the tattoo is needed due to my negligence, I agree that the work will be done at my own expense.

I am **Not** under the influence of alcohol or drugs, and I am voluntarily submitting to be tattooed 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 tattoo. 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 tattooing, I am not pregnant or nursing, I do not have a mental impatience that may affect my judgment in getting the tattoo.

Neither the **Artist** nor the **Tattoo Shop** is responsible for the meaning or spelling of the symbol or text that I have provide to them or chosen from the flash (design) sheets.

Variations in color and design may exist between the tattoo art I have selected and the actual tattoo when it is applied to my body. I also understand that over time, the colors and the clarity of my tattoo will fade due to unprotected exposure to the sun and the naturally occurring dispersion of pigment under skin.

A tattoo is a permanent change to my appearance and can only be removed by laser or surgical means, which can be disfiguring and/or costly and which in likelihood will not result in the restoration of my skin to its exact appearance before being tattooed.

I release all rights to any photographs taken of me and the tattoo 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 **Tattoo Shop NOT** to take pictures of you and your completed tattoo).

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 Tattoo 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 **Tattoo 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.

I HAVE READ THIS AGREEMENT, I UNDERSTAND IT, I AGREE TO BE BOUND BY IT.

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

Address: _____ Phone: _____ - _____ - _____

Signature: _____ Date: ___ / ___ / ___