



850 SOUTH WATER ST. KENT, OH + 330 346 0656

TATTOO CONSENT RELEASE FORM

- I acknowledge by signing this release form that I have been given the full opportunity to ask any and all questions I have about obtaining a tattoo from [] Wendi Koontz [] Audrey Henry at South Water Studios.
I acknowledge that all of my questions have been answered to my full and total satisfaction.
I specifically acknowledge by my signature that I have read and have been advised of the facts and matters set forth below.
I am not under the influence of alcohol or drugs.
I do not have severe acne, moles, or sunburn in the area to be tattooed that might be agitated by the tattoo process (healing excluded)
I agree to look over my design and personally check for any errors before the tattoo procedure and give my full consent to my tattoo application.
I understand that South Water Studios and its artists as specified above are not responsible for any misspellings, misplacements or misinterpretations of images.
I acknowledge that I am not pregnant and/or free of communicable disease.
I acknowledge that I have truthfully represented to the artists, associates, agents and representatives of South Water Studios that I am over eighteen (18) years of age and have provided legal government issued documentation of this fact.
I acknowledge it is not reasonably possible for the artists, associates, agents and representatives of South Water Studios to determine whether I might have an allergic reaction to any inks, dyes, pigments, ointments, lubricants, washing solutions, latex products, tapes, bandages, surface barriers, or processes used in my tattoo and I agree to accept that such risks are possible.
I acknowledge that infection is always possible as a result of obtaining a tattoo and assume responsibility for said infection particularly in the event that I do not take proper care of my tattoo
I acknowledge receipt of written and verbal instructions advising me of proper care of my tattoo and recognize the absolute necessity of following those instructions.
I acknowledge that variations in color and design may exist between any tattoos, artwork, and or stencil as selected by me and as ultimately applied to my body.
I acknowledge that tattooing is a permanent change to my appearance and that no representations have been made to me as to the ability to later change, alter, or remove my tattoo.
I acknowledge that the obtaining of my tattoo is my choice alone and I consent to the application of the tattoo and to any actions or conduct of the associates, agents, or representatives of South Water Studios that are reasonably necessary to perform the tattoo procedure.
I acknowledge that the process of getting a tattoo can be perceived as painful.
I accept any increased risk of contracting COVID-19 by having the tattoo procedure performed at the studio, and hold harmless South Water Studios and my artist from any claims due to COVID-19
I agree to release, forever discharge and forever hold harmless South Water Studios and its artists, associates, agents, officers, and shareholders from any and all claims, damages, or legal actions arising from or connected in any way with my tattoo or the procedures and conduct used to apply my tattoo and any and all tattoos applied by South Water Studios and its artists, associates, agents and representatives in the future. All disputes shall be settled in mediation.
I understand that drawings and sketches will only be available the day of my scheduled appointment. We will not have the drawing ready for viewing before that date. Drawings will not be emailed in advance.

I, _____ have been fully informed of the risks of tattooing including but not limited to infection, scarring, difficulties in detecting melanoma, and allergic reactions, both present and future, to pigment, latex gloves, and antibiotics. Having been informed of the potential risks associated with getting a tattoo, I still wish to proceed with tattoo application and I assume any and all risks that may arise from tattooing. This contract is to remain in effect for as long as I remain a client of South Water Studios and its artists in residence and all its contents apply whenever work is being performed on myself at South Water Studios by any of its artists in residence. It is my responsibility to inform my artist if any changes have occurred in my medical history.

Print Name: _____ Signature: _____ Date: _____

Phone: _____ DOB: _____ E-mail: _____

