

**Please Read Entire Document**

I am 18 years of age or older.  
 I do not have a heart condition, epilepsy, hepatitis, H. I.V. or Aids.  
 I am not a hemophiliac (bleeder).  
 I am not under the influence of drugs or alcohol.  
 To my knowledge I do not have any physical disability or mental impairment, which will affect my well being as a direct or in-direct result of my decision to have tattoo related work.



I agree to follow all instructions concerning the care of my tattoo while it is healing. I agree any touch up work that may be needed due to my own negligence, will be done at my own expense. I also understand that if my skin is of dark color my tattoo may not be as bright as if on light colored skin.

Being of sound mind and body, I hereby release any and all person representing So Kool Tattoos from any responsibility. I accept any and all responsibility myself for any consequences that might result from my decision to get a tattoo from So Kool Tattoos.

I agree not to sue So Kool Tattoos in connection with any damages, claim demands, rights and cause of action of whatever kind of nature based upon injury or property damage to, or death of myself or others arising from my decision to get a tattoo at this time whether or not caused by negligence of So Kool Tattoos. I agree for myself, my heirs, assigns and legal representatives to hold So Kool Tattoos harmless of all damages, actions, cause of action, claim judgments, costs of litigations, attorney fees, and all other costs or expenses which may arise from my decision to get tattoo work done by So Kool Tattoos.

I agree to pay for any and all damages, injuries to any person and property to whom So Kool Tattoos operation of law, caused by myself and resulting in my decision to have a tattoo at this time. I agree to have my tattoo photographed and release it to So Kool Tattoos for portfolio and promotional use. I agree to leave the premises of So Kool Tattoos or any establishment where So Kool Tattoos is engaged in business, promptly and upon request for any reason whatsoever, by any agent or employee of So Kool Tattoos. I agree that these waivers also pertain to and are designed to protect any and all establishments where So Kool Tattoos conducts business.

I represent and warrant to So Kool Tattoos that the following information is true and correct.

|  |                      |                           |      |
|--|----------------------|---------------------------|------|
| <u>Please Circle</u>                       |                      |                           |      |
| Can we use your photo for promotional use? | Yes                  | No                        |      |
| Have you eaten before your tattoo?         | Yes                  | No                        |      |
| Any known allergies?                       | Yes                  | No                        |      |
| If Yes List: _____                         |                      |                           |      |
| Print Full Name: _____                     |                      |                           |      |
| Age: _____ Years                           | Date Of Birth: _____ |                           |      |
|  | Month                | Day                       | Year |
| Address: _____                             |                      | Phone #: _____            |      |
| City: _____                                | Prov: _____          | Postal Code: _____        |      |
| E-Mail: _____                              |                      |                           |      |
| Description Of Tattoo: _____               |                      | Location Of Tattoo: _____ |      |
| Signature _____                            |                      | Date: _____               |      |
|  | Month                | Day                       | Year |
| Witness (If Under 18 Yrs): _____           |                      | Date: _____               |      |
|  | Month                | Day                       | Year |

Last Name

First Name

Year

20

|                                  |                                      |
|----------------------------------|--------------------------------------|
| Description Of Tattoo: _____     | Location Of Tattoo: _____            |
| Signature _____                  | Date: _____<br><b>Month Day Year</b> |
| Witness (If Under 18 Yrs): _____ | Date: _____<br><b>Month Day Year</b> |

|                                  |                                      |
|----------------------------------|--------------------------------------|
| Description Of Tattoo: _____     | Location Of Tattoo: _____            |
| Signature _____                  | Date: _____<br><b>Month Day Year</b> |
| Witness (If Under 18 Yrs): _____ | Date: _____<br><b>Month Day Year</b> |

|                                  |                                      |
|----------------------------------|--------------------------------------|
| Description Of Tattoo: _____     | Location Of Tattoo: _____            |
| Signature _____                  | Date: _____<br><b>Month Day Year</b> |
| Witness (If Under 18 Yrs): _____ | Date: _____<br><b>Month Day Year</b> |

|                                  |                                      |
|----------------------------------|--------------------------------------|
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| Signature _____                  | Date: _____<br><b>Month Day Year</b> |
| Witness (If Under 18 Yrs): _____ | Date: _____<br><b>Month Day Year</b> |

|                                  |                                      |
|----------------------------------|--------------------------------------|
| Description Of Tattoo: _____     | Location Of Tattoo: _____            |
| Signature _____                  | Date: _____<br><b>Month Day Year</b> |
| Witness (If Under 18 Yrs): _____ | Date: _____<br><b>Month Day Year</b> |