

TOPPER'S FINE LINE TATTOOS

1924 31st W. Bypass Bowling Green, Ky

Phone (270-796-3600)

I acknowledge by signing this writing that, I have given the full opportunity to ask any and all questions. Which I might have about obtaining of a piercing by Topper's Fine Line Tattoos. Hereafter referred to T.F.L.T. And that all of my questions are answered to my full satisfaction. I specifically acknowledge that I have been Advised of the facts and matters set forth below and I agree as follows.

- Please Check:
I acknowledge that I am not pregnant.
I acknowledge that I am free of Communicable Diseases.
I acknowledge that I have truthfully represented to the associates agents, representatives of T.F.L.T. that I am (18) years of age.
I acknowledge that it is not reasonably possible for the associates, agents representative T.F.L.T. to determine whether I might have a allergic reaction to Povidone-iodine Solution 10% or Bacitracin Ointment , or process used in getting my piercing, I agree to accept the risk that such reactions are Possible.
I acknowledge the fact that infection is possible as a result of obtaining a piercing, particularly in the event that I do take proper care of my piercing.
I acknowledge the receipt of written instructions advising me the proper care of my piercing and I recognize the necessity for following written instructions.
I acknowledge that a piercing is a permanent change to my appearance and that no representation been made to the ability to change, alter, or remove my piercing.
I acknowledge that the obtaining of my piercing is by my choice alone , and I consent to the application of my piercing, and the actions or conduct the associates, agents, and or representatives of T.F.L.T. necessary to perform the piercing procedure.
I agree to release and forever discharge and to hold harmless T.F.L.T. and its associates, agents, officers and share holders, any and all claims damages, or legal actions arising from or connected in any way with my piercing or the procedures and conduct used to apply my piercing.
I am aware that there are NO REFUNDS once a piercing has been paid for.
I acknowledge that I am not intoxicated or under the influence of drugs or alcohol.
I acknowledge that I do not have epilepsy.
I acknowledge that if I have any medical problems I will explain.

Name
Address
City State Zip
Phone#
Drivers License#
Date of Birth
Piercing location
Signature

ARTIST
Cost \$
(circle one)
Cash.....Credit Card.....

Date
.....(For Parent or Guardian's USE ONLY).....

Parent or Guardian's Signature
NOTARY Exp. Date
Commission

Must have Seal!!!!

No exception!!!