

TATTOO RELEASE

TOPPER'S FINE LINE TATTOOS
1224 31-W Bypass, Bowling Green, Kentucky
Phone (270) 796-3600

BY SIGNING THIS WRITING the Undersigned covenants and agrees that he/she has been given the full opportunity to ask any and all questions the Undersigned has or may have about obtaining a tattoo by TOPPER'S FINE LINE TATTOOS, INC., a Kentucky corporation hereafter referred to as "Topper's", and that all such questions have been answered to the Undersigned's full satisfaction. The Undersigned specifically acknowledges that the potential risk issues have been discussed with, and the Undersigned knowingly and voluntarily agrees as follows:

PLEASE INITIAL:

- I am not pregnant.
I am free of Communicable Diseases.
I have truthfully represented to the associates, agents, representatives of Topper's that I am eighteen (18) years of age or older, have no guardian or committee appointed for me by any court anywhere, and am competent to make this Release.
I understand that it is not reasonably possible for the associates, agents, representatives of Topper's to determine whether I might have an allergic reaction to Povidone-Iodine solution 10% or Bacitracin Ointment, or the processes used in tattoo; and I voluntarily assume and accept all risks that such reactions are possible.
I understand that infection is possible as a result of a tattoo, particularly in the event that I fail to take proper care of my tattoo.
I have received written instructions advising me of the proper care of my tattoo and I recognize the necessity for following these instructions.
I understand that a tattoo is a permanent change to my body and appearance and no representation has been made that once made, any tattoo can be altered or removed. My tattoo is by my choice alone, and I have not been influenced in any way by Topper's to obtain a tattoo. I consent to the application of my tattoo, and the procedures necessary to perform the tattoo.
I release, forever discharge, and hold harmless Topper's and its apprentices, associates, agents, officers and owners, from and against any and all claims, damages, and/or legal actions arising from or in any way connected to my tattoo and/or the procedures by which my tattoo is applied.
I understand that there are risks involved in the application of a tattoo and there are NO REFUNDS once a tattoo has been paid.
I covenant and declare that I am not intoxicated or under the influence of drugs or alcohol.
I do not have epilepsy.
I do not have any medical problems which in any way affect or might affect my tattoo except the following:
I covenant that Topper's may refuse to perform my tattoo in Topper's sole discretion.

Signature:
Printed Name:
Address:
City: State: Zip:
Phone #
Drivers License #
Date of Birth:

TATTOO ARTIST:
Cost: \$

(circle one)
Cash Credit Card

Tattoo Location:
tattoo description

Date / /

(For Parent or Guardian's USE ONLY)

Parent or Guardian Signature:

This Tattoo Release was signed in my presence on the day of , 20
NOTARY
My Commission Expires: / /

Must have seal!!! No Exception!!!!

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State Seal for minors

