

# Unrivaled Ink

## TATTOO RELEASE FORM

Last name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode \_\_\_\_\_  
Phone # \_\_\_\_\_ DOB: \_\_\_\_\_

**Are you Allergic to Latex?** Yes  No

Please describe any other allergies to medications, topical ointments, etc., that may be used to tattoo and pierce.

### I ACKNOWLEDGE THAT I HAVE BEEN ADVISED OF THE FACTS AND MATTERS SET FORTH BELOW:

(Please initial each item)

\_\_\_\_\_ I will advise my tattoo artist of any condition I have that may affect the healing of the tattoo as well as any medical or skin condition such as but not limited to: acne, scarring (keloid), eczema, psoriasis, freckles, rash, infections, moles, or sunburn in the area to be tattooed.

\_\_\_\_\_ I am not under the influence of any drugs or alcohol.

\_\_\_\_\_ I am not pregnant. If I am nursing, I have received prior approval from my doctor to receive this tattoo.

\_\_\_\_\_ I understand that it is not reasonably possible for the tattoo artist or any representative of Unrivaled Ink to determine whether I might have an allergic reaction to any pigments or processes used during my tattoo, and I agree to the risk.

\_\_\_\_\_ I understand that infection is always possible, as is with any open wound, and I agree to follow aftercare instructions to ensure the best healing outcomes.

\_\_\_\_\_ I understand that variations in color and design may exist between any tattoo and that skin tone affects the colors as well. IE: colors don't appear as bright on darker skin.

\_\_\_\_\_ I understand that any skin treatments, laser hair removal, elective or required surgery, and other types of skin procedures may result in adverse changes to my tattoo.

\_\_\_\_\_ I understand that a tattoo is a permanent change to my appearance and have decided to complete the procedure anyway. I am of sound mind and body, and no representative of Unrivaled Ink pressured me or influenced my decision.

\_\_\_\_\_ I consent to applying the tattoo and to any other actions or conduct that the tattoo artist and their representatives deem reasonably necessary to perform the tattoo procedure.

### \_\_\_\_\_ I ACKNOWLEDGE THAT I AM 18 YEARS OF AGE OR OLDER.

\_\_\_\_\_ I acknowledged the tattoo design and placement, checked the spelling, and looked over the design the tattoo artist had drawn up with the tattoo artist before the stencil was placed.

Please select your Artist:      AJ.      Breeze.      Dee      Haji.      Blu.      Carolina  
                             

Cash.  Credit/Debit.

DATE: \_\_\_\_\_

**[Email form and copy of your Photo ID to: unrivaledtattooform@gmail.com](mailto:unrivaledtattooform@gmail.com) (click the link to open your email app)**