

# Mad Monk Tattoo

4300 MEADOWS LANE SUITE 2310  
LAS VEGAS, NV 89107  
(702) 588-1292  
MADMONKTATTOO.COM

## TATTOO SERVICE CONSENT AND RELEASE FORM

Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

**How did you hear about us?** \_\_\_\_\_

I \_\_\_\_\_, induce \_\_\_\_\_ to tattoo \_\_\_\_\_ my \_\_\_\_\_

( Your Name )

( Artist Name )

( Design )

( Body Part )

I certify that (1) I am 18 years of age or older and have provided state or federal government issued photo identification proving so. (2) I/We understand and acknowledge the significance and consequence of the procedure and hereby assume full responsibility. (3) I understand that I will give a final design approval before the permanent tattoo process begins and by doing so, release the artist and Mad Monk Tattoo of any liability for misspellings, sizing, placement, and colors, and any other personal design choices. (4) Understand that a tattoo is permanent and may require surgical removal which could lead to scarring and disfigurement. (5) I understand and agree to follow the instructed aftercare to insure proper healing of my tattoo and understand that not following suggested procedures may lead to infection or damage to the tattoo or surrounding skin and it is my sole responsibility to consult a tattoo artist with any questions or concerns as needed. (6) I understand that the proposed healing time is 15-30 days and is only an estimate and that the actual tattoo healing time may vary and touch up may be required. (7) I understand that an allergic reaction is possible with any tattoo procedure and it is impossible for a tattoo artist to know ahead of time that I could have such a reaction. Therefore, I am releasing the artist and Mad Monk Tattoo from any liability if such an event occurred.

### I POSITIVELY DECLARE AT THIS TIME OF SERVICE:

INITIAL: \_\_\_\_\_ I AM NOT UNDER THE INFLUENCE OF DRUGS AND/OR ALCOHOL

INITIAL: \_\_\_\_\_ I AM NOT PREGNANT OR BREAST FEEDING

Please check any of the following that apply to your current health status if you have experienced them within the last 12 months.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Hemophiliac        | <input type="checkbox"/> Latex Allergy               | <input type="checkbox"/> Other. Explain: _____ |
| <input type="checkbox"/> Currently Nursing  | <input type="checkbox"/> Skin Sensitivity            |  |
| <input type="checkbox"/> Diabetic           | <input type="checkbox"/> Cancer. if yes, type _____  |  |
| <input type="checkbox"/> Hypoglycemic       | <input type="checkbox"/> HIV Positive                |  |
| <input type="checkbox"/> Receiving Dialysis | <input type="checkbox"/> Hepatitis Positive          |  |
| <input type="checkbox"/> Anemic             | <input type="checkbox"/> Prone to Fainting           |  |
| <input type="checkbox"/> Jaundice           | <input type="checkbox"/> Prone to Keloiding/Scarring |  |

**Have you eaten in the last 2 hours? Y / N**

I certify that under the penalty of perjury that all the information provided above is correct and true to the best of my knowledge. My signature below gives Mad Monk Tattoo permission to use any photographs of me or my tattoo for promotional use with no demand for compensation or name recognition. I understand that my tattoo was done by an independent contractor renting a space from Mad Monk Tattoo and expressly release Mad Monk Tattoo from any and all liability, claims, demands, damage, injury, or grievances. I agree that any claims, demands, damage, injury, or grievances shall be the sole responsibility of the independent contracted individual who performed the piercing. Contractor waives and releases and shall indemnify, protect, defend, and hold harmless Mad Monk tattoo and its owners, agents, contractors, and employees against any and all loss, claims, damages, or liability arising out of or in connection with loss of life, personal injury, property damage, or otherwise arising from the use, occupation, or managing the space on premises or from any act of omission of contractors of its assignees or sub-licenses or their respective agents, employees, or licenses.

Signature for release of liability: \_\_\_\_\_ Date: \_\_\_\_\_

Artist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*2% SURCHARGE FOR ANY DEBIT OR CREDIT CARD USED\*\***

*(OFFICIAL USE ONLY)*

\$ \_\_\_\_\_ Deposit Received      Tattoo Cost: \_\_\_\_\_      Final Balance Due: \_\_\_\_\_      **Initials:** \_\_\_\_\_