

LCMB LLC. dba Starlight 17 Tattoo and its employees reserves the right to refuse service to anyone.

IMPORTANT!! 'YOU MUST BE 18 TO BE TATTOOED OR PIERCED'

#135944

PLEASE PRINT CLEARLY !!!

NAME: _____ D.O.B.: / / AGE: _____
ADDRESS: _____ PHONE: _____ SEX: _____
CITY: _____ STATE: _____ ZIP: _____
OCCUPATION: _____ ID: _____ D/L ST: _____
TYPE OF DESIGN: _____ ARTIST: _____
LOCATION: _____ 1st TIME: YES ___ NO ___ INFO ON FILE ___
EMAIL: _____

Please be Aware that this Tattoo is Permanent, and Can Only be Removed with a Surgical Procedure.

Tattoo removal may leave permanent scarring or disfigurement.

DO YOU NOW, OR EVER HAVE HAD, ANY ALLERGIES, COMMUNICABLE DISEASE, OR INFECTION TO THE FOLLOWING LISTED BELOW: PLEASE CHECK BOX CLEARLY !

	<u>YES</u>	<u>NO</u>		<u>YES</u>	<u>NO</u>		<u>YES</u>	<u>NO</u>
ANTIBIOTICS	___	___	HEPATITIS	___	___	HEART CONDITION	___	___
METALS	___	___	SYPHILIS	___	___	SKIN CONDITION	___	___
ALCOHOL	___	___	HERPES	___	___	PREGNANT	___	___
SOAPS	___	___	HIV	___	___	INTRAVENOUS DRUG USER	___	___
LATEX	___	___	STAPH	___	___	FAINTING OR DIZZINESS	___	___
COSMETICS	___	___	TUBERCULOSIS	___	___	HIGH BLOOD PRESSURE	___	___
EPILEPTIC	___	___	DIABETIC	___	___	SUBJECT TO RASHES	___	___
						JAUNDICE	___	___
						OTHER COMMUNICABLE DISEASES	___	___

IF CHECKED YES BY OTHER PLEASE SPECIFY: _____
ARE YOU CURRENTLY TAKING ANY MEDICATIONS ? _____ Type: _____

Therefore in consideration of LCMB LLC. dba Starlight 17 Tattoo allowing me to be tattooed/pierced in its place of business and actually applying the tattoo/ pierce on my person, I hereby release and forever discharge LCMB LLC. dba Starlight 17 Tattoo and , their heirs, executors, agents and assigns and all other persons, corporations and entities , from any and all liability, claims, demands, damages, actions, causes of action or suits of any kind or nature on account of any injuries of any type or kind, both known and unknown to my person or property, which may result from being tattooed/pierced, entering, exiting or being on the property owned or leased by LCMB LLC. dba Starlight 17 Tattoo, or arising from or connected in any way with the procedures, equipment, ink, dyes, pigments or conduct used in connection with the application of my tattoo/piercing or the Artist's artistic interpretation of the tattoo design/ piercing or location and placement of the design/ piercing upon my body, quality of workmanship, spelling of words or name(s), color scheme, shading and size of the tattoo design/jewelry. Also I give permission to copyright and publish any photograph of myself with or without using my name in any such manner as deemed proper to their use. I realize that misrepresentation, or falsification of information provided by me is a crime, and a subject to prosecution. I further certify that I am an adult over the age of 18 and I am not intoxicated or under the influence of any narcotic substance, and make this statement entirely of free will and sound mind. I also agree to follow the procedures outlined for the proper care and healing of my tattoo/piercing.

This is a legal binding contract.
ARTIST INITIALS: _____

CUSTOMER: _____

I HAVE READ THIS ENTIRE CONSENT AND RELEASE FORM AND AGREE TO ITS TERMS. ALSO I RECEIVED VERBAL AND PRINTED AFTERCARE INSTRUCTIONS AND UNDERSTAND THAT SCARRING AND/OR INFECTIONS ARE ALWAYS POSSIBLE.
SIGNATURE _____ DATE _____

THANK YOU FOR USING LCMB LLC. dba Starlight 17 Tattoo
THE ULTIMATE EXPERIENCE IN TATTOOING AND BODY PIERCING.