

# Standard Release Form For Believers Ink, LLC

I am at least 18 years old. I don't have epilepsy. I haven't had hepatitis within the last year. I'm not a hemophiliac (bleeder). I'm not under the influence of drugs or alcohol. I am not pregnant.

INITIAL \_\_\_\_\_

I agree to follow all instructions concerning the care of my tattoo while it is healing. I agree that any touch-up work needed, due to my own negligence, will be done at my own expense. I understand that if my skin color is dark, the colors will not appear as bright as they do on light skin.

INITIAL \_\_\_\_\_

Being of sound mind & body, I hereby release any & all persons representing Believers Ink, LLC from all responsibility.

INITIAL \_\_\_\_\_

I accept any and all responsibility for any consequences that might stem from my decision to have any tattoo related work done by Believers Ink, LLC.

INITIAL \_\_\_\_\_

I agree not to sue Believers Ink, LLC in connection with any and all damages claims, demands, rights, and causes of action of whatever kind or nature, upon injuries or property damage to, or death of myself or any other persons arising from my decision to have a tattoo related work done at this time, whether or not caused by any negligence of Believers Ink, LLC.

INITIAL \_\_\_\_\_

I agree for myself, my heirs, assigns, and legal representatives to hold Believers Ink, LLC harmless from all damages, actions, causes of judgments, costs of litigation, attorney's fees, and all other costs and expenses which might arise from my decision to have any tattoo related work done by Believers Ink, LLC.

INITIAL \_\_\_\_\_

I agree to leave the premises of Believers Ink, LLC or any other establishment where Believers Ink, LLC is engaged in business, promptly upon request, for any reason whatsoever, by any agent or employee of Believers Ink, LLC.

INITIAL \_\_\_\_\_

I agree that these waivers also pertain to & are designed to protect any & all establishments where Believers Ink, LLC conducts business.

INITIAL \_\_\_\_\_

I represent & warrant to Believers Ink, LLC that the following information is true & correct.

**Please Print**

Name: \_\_\_\_\_ PHONE: (     ) \_\_\_\_\_ - \_\_\_\_\_  
                    Last                      First                      Middle Initial                      Age

Your Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Location of tattoo on your body \_\_\_\_\_

Signature: \_\_\_\_\_ Today's Date \_\_\_\_\_

Do you wish to receive email communications? If so please write your email on the following line.

EMAIL: \_\_\_\_\_

**PLEASE HAND THE COMPLETED FORM AND YOUR IDENTIFICATION TO  
THE FRONT DESK PERSON WHEN DONE.**

**THANK YOU**