CONSENT TO APPLICATION OF TATTOO, RELEASE AND WAIVER OF ALL CLAIMS

I acknowledge that I have truthfully represented the employees and representatives of **Synchronicity Tattoo Studio LLC.** that I am over the age of eighteen (18) years old.

I don't have a heart condition, I don't have epilepsy, I'm not a hemophiliac (bleeder), I'm not pregnant, I do not have diabetes, I haven't had hepatitis within the last year, HIV AIDS, or any other communicable disease. I am not under the influence of drugs and/or alcohol.

To my knowledge, I don't have any physical, mental, or medical impairment or disability that might affect my wellbeing as a direct or indirect result of my decision to have any tattoo related work done at this time. I acknowledge that a tattoo is a permanent change to my appearance and that no representations have been made to me as to the ability to later change or remove my tattoo. I acknowledge that obtaining my tattoo is by my choice alone and I consent to the application of the tattoo and to any action or conduct of the employees of **Synchronicity Tattoo Studio LLC.** reasonably necessary to perform the tattoo procedure.

I acknowledge that it is not reasonably possible for the representatives and employees of **Synchronicity Tattoo Studio LLC.** to determine whether I might have an allergic reaction to the inks and/or pigments, or process used in my tattoo and I agree to accept the risk that such reaction is possible.

I acknowledge that infection is always possible as a result of obtaining a tattoo, particularly in the event that I do not take proper care of my tattoo and I agree to follow all instructions concerning the care of my own 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 realize that variations on color and design may exist between any tattoos as selected by me and as ultimately applied to my body. I understand that, if my skin color is dark, the colors will not appear as bright as they do on light skin.

Being of sound mind and body, I hereby release any and all persons representing **Synchronicity Tattoo Studio LLC.** from all responsibility. I accept any and all responsibility myself for any consequences that might stem from my decision to have any tattoo related work done by **Synchronicity Tattoo Studio LLC.**

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

I agree for myself, my heirs, assigns, and legal representatives to hold **Synchronicity Tattoo Studio LLC.** harmless from all damages, actions, cause of action, claim, judgment, cost of litigation, attorney's fees, and all other cost and expenses which might arise from my decision to have any tattoo related work done by **Synchronicity Tattoo Studio LLC.**

I agree to pay for any and all damages and injuries to any and all persons and property belonging to **Synchronicity Tattoo Studio LLC.**, or any other persons to whom **Synchronicity Tattoo Studio LLC.** may become liable contractually or by operation of law, caused by, or resulting from my decision to have any tattoo related work done by **Synchronicity Tattoo Studio LLC.**

I agree to leave the premises of **Synchronicity Tattoo Studio LLC.** or any other establishment where **Synchronicity Tattoo Studio LLC.** is engaged in business, promptly upon request, any reason whatsoever, by any agent or employee of **Synchronicity Tattoo Studio LLC.**

I agree that these waivers also pertain to and are designed to protect any and all establishments where **Synchronicity Tattoo Studio LLC.** conducts business.

I acknowledge by signing this agreement that I have been given the full opportunity to ask any question which I might have about the obtaining of a tattoo from **Synchronicity Tattoo Studio LLC.** and that all of my questions have been answered to my full and total satisfaction. I specifically acknowledge that I have been advised of the facts and matters set above, and I agree.

I represent and certify to **Synchronicity Tattoo Studio LLC.** that the following information is true and correct.

Name: _____

Address: _____ _____ _____ _____

Street City State zip code

Phone: _____ Date of Birth: _____ Age: _____

Date: _____ Signature: X _____ **No Refunds** **Cash Only**

Artist Name: _____ Tattoo Placement: _____

Tattoo Description: _____ Amount Due: $ _____