**THE PAINTED SIREN TATTOO COMPANY**

1714 Palmetto Avenue, Pacifica CA 94044 ph:**650.219.7343**

I, (print name) \_\_\_\_\_\_\_\_\_\_\_\_ authorize The Painted Siren Tattoo Co. or any of its agents to tattoo my \_\_\_\_\_\_\_\_\_\_.

**In consideration of its doing, I hereby release The Painted Siren Tattoo Co. or any of its agents from all manners of liabilities, actions and demands by reason of complying with my request to be tattooed.**

* I understand that I will be tattooed using the appropriate instruments and techniques.
* I understand that I may have a reaction or allergy to the ink that is used in my tattoo.
* I understand that a tattoo is a permanent change to my physical appearance.
* I understand that variations in color and design may exist between the actual tattoo and the art that I have selected when it is applied to my body. I am also aware that over time the color and clarity of my tattoo might change due to natural dispersion of ink in the skin, normal wear and sun exposure.
* The artist has given me full opportunity to ask questions regarding artwork, application of the tattoo, healing and cleanliness and all of my questions have been answered to my satisfaction.
* I have been given verbal and printed instructions on how to care for my tattoo while it is healing and after. I understand these instructions and will follow them to the best of my ability while acknowledging that my tattoo may become infected if it is not properly cared for.

**IT IS ILLEGAL IN THE STATE OF CALIFORNIA TO TATTOO ANYONE UNDER THE AGE OF 18**

**NO EXCEPTIONS!!!!!!!!**

**For the safety of you and your artist, please answer the following questions honestly and to the best of your knowledge.**

* **Have you tested positive for HIV/AIDS**  Yes\_\_/No\_\_
* **Have you tested positive for Hepatitis?** Yes\_\_/No\_\_
* Have you ever had heart problems? Yes­­\_\_/No\_\_
* Do you have diabetes? Yes\_\_/No\_\_
* Are you pregnant or nursing? Yes\_\_/No\_\_
* Do you have any other pre-existing medical conditions? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HAVE YOU HAD ANY CONTROLLED SUBSTANCES IN THE LAST 24 HOURS? Yes\_\_/No\_\_**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age\_\_\_\_\_ Date of Birth \_\_/\_\_/\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about The Painted Siren? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Artist \_\_\_\_\_\_\_\_\_\_ Ink Used:

Date \_\_\_\_\_\_\_\_\_\_

Lining Needle/Tube:

Shading Needle/Tube:

Location/Description:

Artist\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_ Amount\_\_\_\_\_\_\_\_\_\_