No Tomorrow Tattoo llc

130 Augustine Ave. Unit 54 Charles Town WV 25414

Waiver, Release and Consent to Piercing

In consideration of receiving a body piercing from _____, at No Tomorrow Tattoo llc. (Together with its employees, apprentices, and agents at No Tomorrow Tattoo) I agree to the following:

That I, _____(PRINT NAME CLEARLY)have been fully informed of the inherent risks, known and unknown, potential for injury, including but not limited to: infection, scarring and keloiding, allergic reactions to jewelry, latex gloves and/or soap. Having been informed of the potential risks with getting a piercing, I still wish to proceed with the piercing and accept and expressly assume any and all risk that may arise from the piercing. _____ (Initial)

I WAIVE and RELEASE to the fullest extent permitted by law each of the artists and No Tomorrow Tattoo from all liability whatsoever for any claims or causes of action that I, my estate, heirs, executors or assigns may have for personal injury or otherwise, including any direct and/or consequential damages, which result or arise from the tattoo, whether caused by the negligence or fault of the Artist, No Tomorrow Tattoo, or otherwise. _____(Initial)

Both the artist and No Tomorrow Tattoo have given me the full opportunity to ask any and all questions about the tattoo procedure, and the staff has answered these questions to my total satisfaction. _____(Initial)

Please Read and Initial the Following Statements

_____ (Initial) I affirm that both Artist and No Tomorrow Tattoo have given me both written and verbal instructions for the care of my piercing while it is healing. I understand these instructions and will follow them. I acknowledge that it is possible for the piercing to become infected, particularly if I do not follow the instructions given to me. I understand that the piercing's final appearance is affected by the aftercare, which is my responsibility.

_____ (Initial) I affirm that I am **NOT** under the influence of alcohol or drugs, and I am voluntarily getting the tattoo without duress.

_____ (Initial) I affirm that I do not have diabetes, epilepsy, hemophilia; nor do I have a heart condition or take blood thinning medications.

_____ (Initial) I acknowledge that the piercing will result in permanent change to my appearance and my skin may not be restored to its pre-pierced condition even after removal.

_____ (Initial) I **DO** release all rights of any photographs taken of me and the piercing and give consent in advance to their reproduction in print or electronic form. (If you **DO NOT** initial this provision, please advise and remind your artist *NOT* to take photos of you and your completed piercing.)

_____ (Initial) I acknowledge that I have been given adequate opportunity to read and understand this document. This was not presented to me last minute, and I understand that I am signing a legal contract, waiving all rights to recover No Tomorrow Tattoo and/or its Artists.

_____ (Initial) I agree to reimburse each of the Artists and No Tomorrow Tattoo llc. of any attorney fees and cost incurred in any legal action I bring against either Artist or No Tomorrow Tattoo llc in which either is prevailing party. I agree that the courts of West Virginia in Jefferson County shall have personal jurisdiction and venue over me and shall have exclusive jurisdiction for the purpose of litigating any dispute arising out of or related to this agreement.

_____ If any provision, section, subsection, clause or phrase of this release is found to be unenforceable or invalid, that portion only shall be severed from the contract. The remainder of this contract will be construed as though the unenforceable portion had never been contained in the document.

I HAVE READ THIS AGREEMENT, I UNDERSTAND IT, AND I AGREE TO BE BOUND BY IT.

Full Name (Please Print):_____Today's Date:_____

Address:_____

Phone Number:_____ Date of Birth:_____

Client/Participant Signature:_____

Parent Signature: _____

Office Use Only

Piercing Total: _____ Placement of Piercing: _____

Grand Total: _____ _____

Age Verification Document: _____