Tattoo Procedure Waiver
Cry tattoo Co.

Name

First Name

Last Name

Email

Phone Number

The date of my appointment is

Date

I represent and warrant to Don't Cry Tattoo Co. that the above information is true and correct.

I agree to this statement ☐

I understand that this is a binding contract with Don't Cry Tattoo Co. & I have been given full opportunity to ask any and all questions about my procedure. All of my questions have been answered to my satisfaction. I understand that my procedure is permanent, and may require surgical procedure for removal. I am aware that removal may cause scarring.

I agree to this statement ☐

I do not have any medical conditions or communicable diseases (including but not limited to diabetes, epilepsy, hemophilia, hepatitis, HIV, AIDS, tuberculosis, COVID 19). I do not have a skin condition that may interfere with the proper healing of my procedure (including but not limited to acne, scarring or keloids, eczema, psoriasis, freckles, moles, or sunburn). I am not pregnant or nursing. I have informed the agent of Don't Cry Tattoo Co. and documented below of any exceptions to the above. I am not under the influence of drugs, alcohol, or any narcotic, including but not limited to prescription pharmaceuticals, & over the counter medications. I am aware that being under the influence can have an adverse effect on the procedure. I agree that Don't Cry Tattoo Co cannot determine if I will have an allergic reaction to any of the products used to complete my procedure. I attest that I have no known allergies, or if I do I have documented them on the back of this form and alerted the agent of Tattoo Studio.

I agree to this statemet. ☐

I am aware of the possibility of infection with my procedure. I understand that when I leave the premises of Don't Cry Tattoo Co., my procedure is only half complete. It is my responsibility to follow the aftercare procedures recommended by Don't Cry Tattoo Co. Don't Cry Tattoo Co. makes no claim to the success or validity of the recommended aftercare procedures, they are simply guidelines. I agree to not hold Don't Cry Tattoo Co. liable for any necessary touch-up work cause by my own negligence. I understand that skin color will have an effect on the final result of my tattoo. I agree to leave the premises of Don't Cry Tattoo Co. or any other location where Don't Cry Tattoo Co. is engaged in business promptly upon request, for any reason whatsoever, by any employee or agent of Don't Cry Tattoo Co.

I agree to this statement ☐

I agree to the taking of before and after photographs of the procedure, which may be used for advertising purposes.

I agree to this statement ☐

I agree not to sue Don't Cry Tattoo Co., or any and all representatives of Don't Cry Tattoo Co., in connection with any and all damages, claims, demands, rights and causes of action, of whatever kind of nature, based upon injuries or property damage, to, or myself or any other persons arising from my decision to have Micro-pigment implantation done by Transcend Medical Tattoo, or its representatives.

I agree to this statement ☐

I agree for myself, my heirs, assigns and legal representatives to hold Don't Cry Tattoo Co., and any and all representatives of Cry Tattoo Co., harmless from all damages, actions, causes of actions, claim judgments, costs of litigation, attorney's fees and all other costs and expenses which might arise from my decision to have any procedures done by Cry Tattoo Co., or its representatives. I agree that these waivers also pertain to and are designed to protect any and all establishments where Cry Tattoo Co. conducts business.

I agree to this statement

Today's Date

Date _____

Signature _____