## PLEASE READ AND BE CERTAIN YOU UNDERSTAND THE IMPLICATIONS OF SIGNING

THIS DOCUMENT IS TWO PAGES [Or Two Sided]. PLEASE INITIAL EACH PROVISION ON THE LINES PROVIDED AFTER READING TO SHOW THAT YOU UNDERSTAND EACH PROVISION.

1520 South No	n of receiving a tattoo from [ ] (the "Artist") Supernova Ink & Art Studio at eva Rd. Daytona Beach FI 32114 (together with its employees, apprentices and attoo Studio"), I agree to the following:
but not limited to tattoo pigme associated wit	That I, (clearly PRINT your name) have been ully informed of the inherent risks associated with getting a tattoo. I fully inderstand that these risks known and unknown, can lead to injury, including to infection, scarring, difficulties in detecting melanoma and allergic reactions ent, latex gloves, and/or soap. Having been informed of the potential risks the getting a tattoo, I still wish to proceed with the tattoo application and I freely pressly assume any and all risks that may arise from tattooing.
personal injury	TO WAIVE AND RELEASE to the fullest extent permitted by law each of the artists and the Tattoo Studio from all liability whatsoever, for any and all claims or causes of action that I, my estate, heirs, executors or assigns may have for or otherwise, including any direct and/or consequential damages, which result or application of my tattoo, whether caused by the negligence or fault of either the ttoo Studio, or otherwise.
a	That both the Artist and the Tattoo Studio have given me the full opportunity to ask any and all questions about the application of my tattoo and all of my questions have been answered to my total satisfaction.
the instructions	The Artist and the Tattoo Studio have given me instructions on the care of my attoo while it's healing, and I understand them and will follow them. I acknowledge hat it is possible that the tattoo can become infected, particularly if I do not follow given to me. If any touch-up work to the tattoo is needed due to my own gree that the work will be done at my own expense.
breastfeeding. condition that r an organ or bo of anti-biotics t	am not under the influence of alcohol or drugs, and I am voluntarily submitting to be tattooed by the Artist without duress or coercion. I do not have diabetes, epilepsy, hemophilia, a heart condition, I am not pregnant or think I am pregnant or Nor do I take blood thinning medication. I do not have any other medical or skin may interfere with the application or healing of the tattoo. I am not the recipient of the marrow transplant or, if I am, I have taken the prescribed preventive regimen that is required by my doctor in advance of any invasive procedure such as ercing. I do not have a mental impairment that may affect my judgment in getting
	Neither the Artist nor the Tattoo Studio is responsible for the meaning or spelling of the symbol or text that I have provided to them or chosen from the flash design) sheets.
ti ti	/ariations in color and design may exist between the tattoo art I have selected and he actual tattoo when it is applied to my body. I also understand that over time, he colors and the clarity of my tattoo will fade due to unprotected exposure to the sun and the naturally occurring dispersion of pigment under the skin.

laser or surgical means, which can be d	ppearance and can only be removed by lisfiguring and/or costly and which in all n of my skin to its exact appearance before		
being tattooed.	,		
in advance to their reproduction in print	aken of me and the tattoo and give consent or electronic form. (If you do not initial this ur Artist and the Tattoo Studio NOT to take		
I agree to reimburse each of the Artists and the Tattoo Studio for any attorneys' fees and costs incurred in any legal action I bring against either the Artist or the Tattoo Studio and in which either the Artist or the Tattoo Studio is the prevailing party. I agree that the that the courts of Florida in Volusia 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.			
I acknowledge that I have been given adequate opportunity to read and understand this document, that it was not presented to me at the last minute, and I understand that I am signing a legal contract waiving certain rights to recover against the Artist and the Tattoo Studio.			
If any provision, section, subsection, clause or phrase of this release is found to be unenforceable or invalid, that portion shall be severed from this contract. The remainder of this contract will then be construed as though the unenforceable portion had never been contained in this document.			
I hereby declare that I am of legal age (and have provided valid proof of age) and am competent to sign this Agreement or, if not, that my parent or legal guardian shall sign on my behalf, and that my parent or legal guardian is in complete understanding and concurrence with this agreement.			
TATTOO DESIGN:	TATTOO LOCATION:		
I HAVE READ THIS AGREEMENT, I UNDERSTA	ND IT, I AGREE TO BE BOUND BY IT.		
Print Full Name:	Date of Birth(Age):		
Address:	Telephone:		
Signature of Participant:	Date:		
Signature of Artist:	Date:		
Signature of Parent or Guardian if Participant Is a Minor and by their signature they, on my behalf, release all claims that both they and I have.			
Signature:	Date:		