

OLD ANCHOR TATTOOS & BODY PIERCING
2920 W Michigan Ave
Battle Creek, MI 49037
269.965.2405

I acknowledge by signing this agreement that I have been given the full opportunity to ask any and all questions which I might have about the obtaining of my procedure and that all of my questions have been answered to my full satisfaction. I specifically acknowledge I have been advised of all the facts and matters set forth below and I agree as follows:

- If I have diabetes, epilepsy, hepatitis, hemophilia, HIV-AIDS or any other communicable disease, heart condition or take medicine which thins, the blood I have advised my body art professional. I am not pregnant or nursing. I am not under the influence of alcohol or drugs.
- I do not have medical or skin conditions such as but not limited to: acne, scarring (Keloid) eczema, psoriasis, freckles, moles, or sunburn in the area to be performed on that may interfere with said body art procedure.
- I acknowledge it is not reasonably possible for the representatives and employees of this body art facility to determine whether I might have an allergic reaction to the pigments or processes used for my procedure, and I agree to accept the risk that such a reaction is possible.
- I acknowledge that infection is always possible as a result of obtaining this procedure, particularly in the event that I do not take proper care. I have received aftercare instructions and I agree to follow them while the work from my procedure is healing. I agree that any additional work needed, due to my own negligence, will be done at my own expense.
- I realize that variations in color, design, position, or result may exist between my procedure as selected by me and as ultimately applied to my body. (In regards to a tattoo) I understand that if my skin color is dark, the colors will not appear as bright as they do on light skin.
- I understand that if I have any skin treatments, laser hair removal, plastic surgery or other skin altering procedures, it may result in adverse changes to my procedure's appearance.
- I acknowledge that some of the services received in a body art facility may be 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 alteration. To my knowledge, I do not have a physical, mental or medical impairment or disability which might affect my well being as a direct or indirect result of my decision to have a procedure.

- I acknowledge I am over the age of 18 or follow body art facility's policies on minors receiving services from said body art facility and that I have truthfully represented to my body art professional that the obtaining of the procedure is by my choice alone. I consent to the application of the procedure and to any actions or conduct of the representatives and employees of the body art facility reasonably necessary to perform the procedure.
- I fully understand THE BODY ART PROFESSIONAL DOES NOT ACT AS A MEDICAL PROFESSIONAL. Any suggestions made to me are NOT to be constructed as or substituted for advice from a medical professional.

Type of Procedure: _____

Body Location of Procedure: _____

Artist Performing: _____

Cost: \$ _____

Customer Name or Legal Guardian/Representative (Printed)

(Signature)

(Date)