



CLIENT TATTOO ACKNOWLEDGMENTS AND CONSENT

- I have notified my practitioner of any conditions that may affect the healing of my tattoo including, but not limited to: -acne -scarring -eczema -psoriasis -current sunburn -current infections or rashes -diabetes -auto-immune disorders.
- I am not pregnant or nursing.
- I am not under the influence of Alcohol, Drugs, or mind altering medications. To my knowledge, I do not have any physical, mental, or medical impairment or disability that may affect my ability to make informed decisions.
- I have informed the practitioner of any and all of my known allergies. I accept that it is possible to have an allergic reaction to pigments or processes used in my procedure, and I agree to accept all responsibility were a reaction was to occur.
- I have received aftercare instructions in both verbal and written form. I agree to follow aftercare instructions as directed. I understand that it is possible for infection to occur during healing. I agree to not hold my practitioner or Real Eye Zing Art, LLC financially or legally responsible for any issues that may arise following my procedure, whether or not they are directly related to the procedure.
- I understand that variations in color and design may exist between design selected by me and as ultimately applied to my body.
- I acknowledge that this procedure will result in a permanent change to my appearance, and that no representations have been made to me as to the ability to later change or remove said results.
- I am over the age of 18.
- I understand that I may experience any of the following during or after the procedure: -pain -bleeding -bruising - redness -swelling -skin discoloration
- I understand that choosing to obtain this procedure is my choice alone.
- I approve and accept responsibility for the design and color choices of my tattoo.
- I consent to photographs being taken before, during, and after procedure. I agree to allow use of said photos on line or in printed form for any purposes by Real Eye Zing Art, LLC including but not limited to advertising and portfolios.
- I understand that all procedure related supplies that come in direct contact with my skin, blood, and body fluid at Real Eye Zing Art, LLC are SINGLE USE ONLY and are disposed of immediately following my procedure.
- I understand that pigment color can fade and change over time. I acknowledge that sun exposure can accelerate these changes.
- Real Eye Zing Art offers a \$10 touch up on all procedures unless otherwise designated by the artist. I understand that it is my responsibility to schedule and complete my touch up within 6 - 8 weeks of completed procedure. Following that time frame, "touch ups" will be charged according to the artist's "hourly rate".
- I understand that sun exposure, tanning beds, some medications, and certain skin care products can affect the look of my tattoo. Sun screen use is recommended after healing.
- Finger, hand, palm, and foot tattoos may not retain pigment due to skin characteristics. It is common and expected that my healed tattoo in these locations will not be as saturated as it was following the procedure.



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- I understand that the close-contact nature of receiving a tattoo puts me at increased risk of contracting COVID-19 and other communicable diseases.
- I attest that I am free from any symptoms of COVID-19.
- I understand that there are additional risks associated with the application of permanent makeup. I have had the opportunity to discuss these with my artist, and I have received sufficient information to understand and accept these risks.

Name: _____ Date of Birth: _____ Phone: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____ Procedure: _____

Body Art Practitioner: _____ License: BAP-TA- _____

By Signing below, I acknowledge and agree to the following:

I consent to the application of stated procedure. I have been given the full opportunity to ask any and all questions which I might have about the procedure being performed, and that all of my questions have been answered to my full satisfaction. I have read and understand the contents of the Tattoo Acknowledgment form that has been made available to me in both electronic and paper form, and I agree to them as such. I have received no warranties or guarantees with respect to the benefits from, or consequences of, stated procedure. I further acknowledge that at the time of this signing, I am of sound mind and capable of making independent decisions for myself. I hereby release and forever discharge and hold harmless Real Eye Zing Art, LLC and it's owners, employees, contractors, and affiliates from any and all claims, damages or legal actions arising from or connected in any way with the results of my procedure, the procedure itself, and any conduct used in the performing of the procedure, to the fullest extent allowed by law. I also understand that any close personal contact, as is necessary for my appointment, may pose a risk to my health including but not limited to the acquisition of illness including COVID-19. I knowingly release Real Eye Zing Art LLC and all contractors affiliated with Real Eye Zing Art LLC of any liability that may be associated with my procedure/consult.

Client signature: _____ Date: _____

Practitioner's statement:

I have personally reviewed the above information with my client, including review of Tattoo Acknowledgments form. I have received verbal confirmation from the client that they have read, understand, and agree to the Tattoo Acknowledgments form, as well as the content above.

Practitioner's signature: _____ Date: _____