

COUNTY OF SUFFOLK  
STEVE LEVY  
SUFFOLK COUNTY EXECUTIVE  
DEPARTMENT OF HEALTH SERVICES  
JAMES L. TOMARKEN, MD  
MSW, MPH, MBA, FRCPC, FACP  
Commissioner

*Tormented Souls Inc.<sup>TM</sup>*  
2090 Jericho Tpk.  
East Northport, NY 11731  
631-623-6263 631-269-6137

Suffolk County Sanitary Code  
Article 14  
Body Art Establishment Regulations  
Appendix D  
CONSENT FOR BODY ART PROCEDURES

## TATTOO & PIERCING RELEASE FORM

- I am at least 18 years of age. I do not have a heart condition or epilepsy. I have not been diagnosed with diabetes, H.I.V. or hepatitis. I am not a hemophiliac (someone that has problems with blood clotting) nor am I under the influence of alcohol or any drugs (prescription or otherwise).
- To my knowledge I do not have any physical, mental, or medical impairment or disability, which might affect my well being as a direct or indirect result of my decision to have any tattoo and or piercing related work done at this time. To my knowledge I personally am not pregnant (pregnant women should not get tattooed).
- I agree to follow all aftercare instructions concerning the care of my tattoo and or piercing while it is healing. I understand that it is normally recommended that cleaning be done with antibacterial soap and Aquaphor Ointment® should be used. I also agree that any touch up work needed, due to my own negligence, shall be done at the standard shop rates. I understand that if I have dark skin the colors will not appear to be as brilliant as if my skin were light colored.
- Being of sound mind and body, I hereby release any and all persons representing Tormented Souls, Inc., as well as Steve Gagliano, their employees or apprentices, agents, contractors, and or sub-contractors, from all responsibility. I accept any and all responsibility myself for any consequences that might stem from my decision to have any tattoo and or piercing related work done by Tormented Souls, Inc., as well as Steve Gagliano, their employees or apprentices, agents, contractors, and or sub-contractors.
- I agree for myself, my heirs, assigns, and legal representatives, Tormented Souls, Inc., as well as Steve Gagliano, their employees or apprentices, agents, contractors, and or sub-contractors, harmless from all damages, actions, causes of action, claim judgments, cost of litigation, attorney's fees, and all other cost and expenses which might arise from my decision to have any tattoo and or piercing related work done by Tormented Souls, Inc., as well as Steve Gagliano, their employees or apprentices, agents, contractors, and or sub-contractors.
- I agree to leave the premises promptly on request by the owner or any employee of Tormented Souls, Inc., as well as Steve Gagliano, their employees or apprentices, agents, contractors, and or sub-contractors, for whatever reason, no questions asked.
- I agree to pay for any and all damages, or injuries, to any employee or persons, or property belonging to Tormented Souls, Inc., as well as Steve Gagliano, their employees or apprentices, agents, contractors, and or sub-contractors, resulting from my decision to have tattoo and or piercing related work done by Tormented Souls, Inc., as well as Steve Gagliano, their employees or apprentices, agents, contractors, and or sub-contractors.
- I agree that these waivers also pertain to and are designed to protect any and all establishments, Tormented Souls, Inc., as well as Steve Gagliano, their employees or apprentices, agents, contractors, and or sub-contractors whom conducts business on their behalf.
- I represent and warrant to Tormented Souls, Inc., as well as Steve Gagliano, their employees or apprentices, agents, contractors, and or sub-contractors, that the following information is true and correct to the best of my knowledge.
- I understand that tattoo inks are not F.D.A. approved and assume all risks knowing this. There may be a possibility of allergic reactions to such products.
- I understand that there is a risk of infection from either a Tattoo and or Piercing and will not hold Tormented Souls, Inc. as well as Steve Gagliano, liable for any such occurrence.
- I understand that even with quality tattoo and or piercing work that this procedure does not imply exact reproductions. Every effort is made to reproduce the work as it has been described. I further accept the tattoo or piercing under all the conditions mentioned above.
- I agree to allow Steven Gagliano and or Tormented Souls Inc. to use my image and or likeness for promotions, videos, photos and or commercials.

\*THE SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES DOES NOT ENDORSE OR RECOMMEND BODY ART PROCEDURES IN ANY FORM. This includes but not limited to Tattooing, Body Piercing, Branding, Scarification, Cosmetic Tattooing, Permanent Makeup, Micro pigmentation and Dermopigmentation

The aforementioned Body Artist has fully explained to me the nature of the procedure(s) and has informed me of the potential complications and risks including, but not limited to: bleeding, pain, swelling, infection, prolonged healing, scarring, nerve damage, fainting and death.

I am aware that Body Art Procedures are invasive and may involve possible health risks, especially for people with certain underlying medical conditions.

I am also aware that I should consult with my physician prior to receiving any Body Art Procedure. If I experience an adverse effect during the healing period related to the Body Art Procedure I received, I have been advised to seek medical care as soon as possible and advise the Body Artist and/or the Body Art Establishment where I received the procedure.

\*NOTE: It is possible to become infected with Hepatitis B, Hepatitis C, HIV or any other blood-borne disease with any procedure that involves exposure to blood products or instruments contaminated with blood products. In addition, an individual cannot donate blood for 12 months after having any body art procedure.

I have been provided with a copy of Appendix A, Aftercare Instructions, for my particular Body Art Procedure, and, if it's a Body Piercing, a copy of Appendix E relating to healing periods. I have also had the opportunity to have any questions about the procedure answered.

Date: \_\_\_\_\_ I, \_\_\_\_\_ (Print Name of Customer), Consent to the following Body Art:

Procedure: \_\_\_\_\_ Performed by: \_\_\_\_\_ (Name of Body Artist) at \_\_\_\_\_ (Name of Body Art Establishment & Town/Hamlet)

Age: \_\_\_\_\_ Address: \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (If your under the age of 18, a parents or legal guardians signature is needed instead.)

I have read and understood each of the above paragraphs and solemnly swear the information stated here to be true.

Client Signature: \_\_\_\_\_ Tattoo or Piercing Subject and Placement : \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, personally appeared before me \_\_\_\_\_ who stated and solemnly swears that (s)he is the Parent/Legal Guardian of said minor \_\_\_\_\_ and that by signing said instrument thereby agrees to the information listed above to be true.

Notary Public

Commission Expires: \_\_\_\_\_



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