

Tattoo Release Form

Please circle any conditions below that apply to you.

Diabetes	HIV/AIDS	Heart Condition	Faint/Dizzy
Epilepsy	Hemophilia	Syphilis	Staph Infection
T.B.	Herpes/Gonorrhea	Asthma	Hepatitis

Are there any other known MEDICAL CONDITIONS or CONTAGIOUS DISEASES that may affect your TATTOO procedure?_____

I hereby certify that to the best of my knowledge this information is correct. All questions have been answered to my satisfaction. I agree the said TATTOO is correctly drawn to my specifications. I understand that the said TATTOO is PERMANENT. This is to certify that I am AT LEAST 18 YEARS OF AGE. I am not under the influence of ALCOHOL OR DRUGS. I understand there is a possibility of allergic reaction. I understand there is a possibility of infection. I understand there is a possibility of scarring. I agree to follow all instructions concerning the care of my TATTOO. I understand that there is a chance I might feel lightheaded, dizzy and/or faint due to my decision to receive a TATTOO. I agree to immediately notify the artist in the event I feel lightheaded, dizzy and/or faint before, during or after the procedure. Failure to do so releases SUGARS INK and ARTIST of all responsibility. I hereby release SUGARS INK and ARTIST of all responsibility for the said TATTOO.

NO REFUNDS

Print Full Name _____ Date _____

DOB _____ Age _____ Phone# _____

Address _____ City _____ State _____ Zip _____

Signature _____ Parents Signature _____

*****DO NOT WRITE BELOW THIS LINE*****

Design _____ Placement _____ Artist _____

Price _____ Cash/Credit _____

Color Pigment and Lot #'s

Color _____ Lot # _____

Color _____ Lot # _____

Color _____ Lot # _____

Color _____ Lot # _____

Color _____ Lot # _____

Color _____ Lot # _____