

## 702 Tattoo Tattoo/Body Piercing Release Form

Total: \_\_\_\_\_ Cash / Credit    Artist: \_\_\_\_\_

Today's Date: \_\_\_\_\_    How did you hear about us?

Full Name: \_\_\_\_\_    Internet: \_\_\_\_\_

Address: \_\_\_\_\_    Store Front: \_\_\_\_\_

\_\_\_\_\_    Friend: \_\_\_\_\_

Age: \_\_\_\_\_ D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_    Email: \_\_\_\_\_

Other: \_\_\_\_\_

Email: \_\_\_\_\_    Phone: \_\_\_\_\_

Tattoo Design/Description & Location: \_\_\_\_\_

Type of Piercing/Location: \_\_\_\_\_

Size/Description of Jewelry used: \_\_\_\_\_

Any Merchandise Purchased: \_\_\_\_\_

### **Medical History of Patron**

1. Do you have any allergies? \_\_\_\_\_
2. If so, what are they? \_\_\_\_\_
3. Do you have any cold sores/fever blisters? \_\_\_\_\_
4. Do you have Epilepsy? \_\_\_\_\_
5. Do you have any heart conditions? \_\_\_\_\_
6. Do you have/ have you had Jaundice or Hepatitis in the past 12 months? \_\_\_\_\_
7. Do you use blood thinners? \_\_\_\_\_
8. Are you pregnant or breast feeding? \_\_\_\_\_
9. Do you have any other medical/skin conditions? \_\_\_\_\_
10. Are you under the influence of drugs or alcohol? \_\_\_\_\_

### **Cautionary Notice**

I hereby acknowledge that I am being tattooed and/or pierced under my free will, and that I will not hold 702 Tattoo or its affiliates responsible for my choice. The patron has been advised that the procedure should be permanent and that it can be removed only by surgical procedure and that any effective removal may leave permanent scarring. Patron will not hold 702 Tattoo or its affiliates responsible for any infection, or scarring. Patron will not hold 702 Tattoo or its affiliates responsible for any infection that develops at the site of your tattoo/piercing, contact your personal medical provider for treatment and report to SNHD special programs at (702) 759-0677. ALL TATTOO AND PIERCING SALES AND DEPOSITS ARE FINAL.

Patrons Signature: \_\_\_\_\_    Date: \_\_\_\_\_

Parental Signature: \_\_\_\_\_    Date: \_\_\_\_\_