

SIN CITY TATTOO RELEASE FORM

Total: \$ _____ Cash/credit? _____

TODAY'S DATE: _____ FULL NAME: _____

ADDRESS: _____ Phone # _____

_____ AGE: _____ D.O.B. ____/____/____

E-MAIL: _____

TATTOO DESIGN/DESCRIPTION & LOCATION: _____

TYPE OF PIERCING & WHERE: _____

SIZE & DESCRIPTION OF JEWELRY USED FOR PIERCING: _____

ANY MERCHANDISE PURCHASED? _____

MEDICAL HISTORY OF PATRON

How did you hear about us:

Internet: _____

Google: _____

Store front: _____

Friend: _____

E-Mail Coupon: _____

Devine Revelation _____

Power of Attraction _____

Other: _____

1. DO YOU HAVE ANY TYPE OF ALLERGIES? _____
2. IF SO, WHAT ARE THEY. _____
3. DO YOU HAVE ANY COLD SORES AND OR FEVER BLISTERS? _____
4. DO YOU HAVE EPILEPSY? _____
5. DO YOU HAVE A HEART CONDITION? _____
6. ARE YOU UNDER THE INFLUENCE OF DRUGS OR ALCOHOL? _____
7. DO YOU HAVE OR HAVE YOU HAD HEPATITIS OR JAUNDICE WITH IN THE LAST 12 MONTHS
? _____
8. DO YOU USE BLOOD THINNERS? _____
9. ARE YOU PREGNANT OR BREAST FEEDING? _____
10. DO YOU HAVE ANY OTHER MEDICAL OR SKIN CONDITIONS? _____

11. CAUTIONARY NOTICE:

I HERE BY ACKNOWLEDGE THAT I AM BEING TATTOOED AND OR PIERCED UNDER MY OWN FREE WILL, AND THAT I WILL NOT HOLD SIN CITY INK OR ITS AFFILIATES RESPONSIBLE FOR MY CHOICE. THE PATRON HAS BEEN ADVISED THAT THE PROCEDURE SHOULD BE CONSIDERED PERMANENT AND THAT IT CAN BE REMOVED ONLY BY SURGICAL PROCEDURE AND THAT ANY EFFECTIVE REMOVAL MAY LEAVE PERMANENT SCARRING. PATRON WILL NOT HOLD SIN CITY INK OR ITS AFFILIATES RESPONSIBLE FOR ANY INFECTION, SCARRING, ETC If an adverse reaction or infection develops at the site of your tattoo/piercing, contact your personal physician for treatment and report to SNHD special programs at (702) 759-1251. ALL TATTOO & PIERCING SALES AND DEPOSITS ARE FINAL.

PATRONS SIGNATURE _____ DATE _____

PARENTAL SIGNATURE _____ DATE _____

ARTIST: Scan and save picture ID to online patron form at <http://www.mysincitytattoo.com/tattoo-formssupplies.html>