

Name _____ Address _____
Mobile _____
D.O.B _____

Have you suffered from any of the following?

Heart Disease/Condition	Cellulitis	Haemorrhaging
Hepatitis A, B & C	Eczema	HIV Infection
Epilepsy	Psoriasis	Acne
Diabetes	Impetigo	Bulimia
Blood Pressure Issues	Immune System Issues	Pregnant or breastfeeding
Dizziness/ Fainting	Seizures	Blood clotting disorders

If Yes, please give details

Do you have any allergies? _____

Are using any medication presently or in the last 6 months? _____

If yes, please give details _____

- I acknowledge by signing this agreement that I have been given the full opportunity to ask any questions which I may have about obtaining a tattoo and that all my questions have been answered to my satisfaction.
- I acknowledge that it is not reasonably possible to determine whether I might have an allergic reaction to the pigments or process used in my tattoo and agree to accept the risk that such is possible. I agree to indemnity and keep indemnification for the supplier/studio/tattooist against all claims or proceedings in respect of any personal injury or damage arising out of, or as a result of, the supply service
- I fully understand that I must be over the Age of 18 to be tattooed. I acknowledge that I have truthfully answered and given my correct name, address and age.
- This is to certify that I, the above named and under signed, do give my permission to be tattooed and I am fully aware of the process involved and understand that the aftercare if the tattoo is my sole responsibility.

Signed _____

Date _____