



NEW CUSTOMER INFO + RELEASE

* 659 Auburn Ave * Studio G3 * Atlanta, GA 30312 * info@SparrowHawkStudio.com *

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____ Occupation _____

Phone _____ Email _____

Emergency Contact Name _____ Emergency Contact Phone _____

How did you hear about us? _____

Do you have any medical condition or are currently under the care of a doctor? Please explain. _____

Are you experiencing any of the following? Check all that are applicable.

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Faintness / Dizziness | <input type="checkbox"/> Sensitive Skin | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Sensitive Skin |
| <input type="checkbox"/> Rashes | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hemophilia (or other bleeding disorders) | |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> HIV / AIDS | |

Are you pregnant? Y N

List any medications you are currently taking (oral and topical). _____

Do you have any allergies? Y N If yes, please list, including allergies to latex, alcohol, and soaps. _____

Have you consulted with a medical provider concerning getting tattooed? Y N

I understand that the services offered are not a substitute for medical care, and any information provided by the artist or other service provider is for educational purposes only and not a medical option or advice. I understand that the information in this form is provided to assist the artist in giving better service and is completely confidential. I acknowledge that by signing this form that I have been given full opportunity to ask any questions I might have about getting a tattoo, that all of my questions have been answered, and by my initials I further agree to the following:

I acknowledge that I am over the age of 18 years.

I acknowledge that it is not possible for my artist to determine whether I might have an allergic reaction to the dyes, inks, pigments, or processes used for my tattoo, and I agree to accept the risk that such a reaction is possible.

I acknowledge that infection is possible, particularly if I do not take proper care of my tattoo.

I acknowledge that I was given written instructions advising me of the proper care of my tattoo and I recognize the necessity of following those instructions.

I acknowledge that any touch-up work needed for my tattoo due to my own negligence will be done at my own expense.

I realize a tattoo represented on paper or selected by me can have variations in design, color, tone, hue, and will vary depending on skin tone and location.

I acknowledge that a tattoo is considered to be permanent, that it can only be removed by a surgical or laser procedure, and that any removal may leave permanent scarring and disfigurement.

I understand that if I have any skin treatments, laser hair removal, plastic surgery, or other skin altering procedures, it may result in adverse changes to my tattoo.

I acknowledge that getting a tattoo is by my choice and I consent to the application of the tattoo.

I acknowledge that I am not under the influence of drugs or alcohol or any intoxicating substances.

I give my tattoo artist and SparrowHawk Studio permission to use photographs of me or in which I may be included in whole or in part for any purpose. I waive any right I may have to inspect and/or approve the finished product or the use to which it may be applied. I accept that photographs may be used on the internet or in any other print or electronic medium as the artist or SparrowHawk Studio chooses. I will make no monetary or other claim against the artist of SparrowHawk Studio for use of the photographs.

I agree to release and forever discharge and hold harmless my artist and SparrowHawk Studio from any and all claims, damages, or legal actions arising from or in connection with my tattoo or the procedure and conduct used to apply my tattoo or the processing or production of any pictures.

Signature _____

Date _____