

RELEASE FORM

Under the Local Authorities Act 1991 and the Tattooing Minors Act 1969, ALL PERSONS TO BE TATTOOED ARE REQUIRED TO CONFIRM THAT THEY ARE OVER THE AGE OF 18 and are fully aware of this requirement and that we may ask to take a photocopy of your photo ID for our records.

YOUR ARTIST IS: _____

- Being 18 years or over, I am fully aware of the irreversible nature of the service to be provided. Thereby, I certify that I do not suffer from any blood or skin diseases and/or nervous complaints**
- I have eaten in the last 4 hours, am not under the influence of drugs or alcohol, expectant with a child or breast-feeding.
- I agree to follow the aftercare recommendations provided to encourage healing and minimise risk of infection and I agree to indemnify and keep Velvet Underground Tattoo indemnified against all claims in respect of any personal injury or damage arising as a result of the supply of this service.
- I am aware that if my tattoo requires a touch-up it must be done within 6 months of today's date – otherwise it will cost my hourly rate.
- I understand that prices for tattoos are variable by each design. You will be charged by the hour or by the day (5-7 hours).
- In the case that my tattoo includes script (writing) or dates, I am signing below to certify that I have checked it all for complete accuracy including grammatical mistakes and spelling errors. I have also provided this to my artist as a reference to work from.

****FOR YOUR SAFETY, PLEASE INFORM US IF YOU ARE PRONE TO FAINTING, SUFFER FROM ANY ILLNESSES OR ALLERGIES AND IF YOU ARE ON ANY MEDICATION. SPECIFICALLY ANY BLOOD AND SKIN DISEASES, SEIZURES, DIABETES AND/OR HEART CONDITIONS. BY LAW, SOME CONDITIONS REQUIRE AUTHORISATION FROM YOUR GP. WE WILL CONFIRM IF THIS IS THE CASE****

ADD DETAILS HERE _____

PLEASE FILL IN BLOCK CAPITALS:

Your tattoo is [add brief description]: _____

It will be placed [please indicate on picture]: _____

Full name: _____

Age: _____

Date of Birth: _____

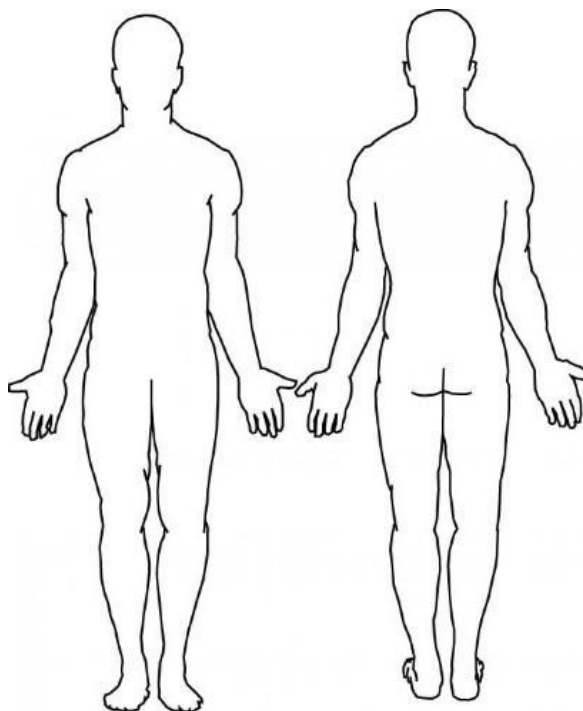
Address: _____

E-mail: _____

Telephone: _____

Signature: _____

Date: _____



ARTIST TO NOTE INKS USED [INC BATCH NUMBERS]:
