

PARADOX-STUDIO OF DERMAGRAPHICS  
4225 FIDUS DR. #210 LAS VEGAS NV 89103 (702) 452-7969

TATTOO RELEASE FORM

- I hereby release Paradox-Studio of Dermagraphics, it's owners, employees and artists from all actions and demands now and in the future.
- I understand and believe that the artist is competent in the art of applying tattoos, and that only appropriate instruments and techniques will be utilized.
- I am satisfied that the equipment to be used has been properly cleaned and cared for, and that the tubes and single use needles have been properly sterilized in an autoclave.
- I also believe that the artist has demonstrated the proper level of professionalism necessary to perform the application of the tattoo.
- I fully understand that the tattoo will be permanent, and can only be removed with a surgical or laser procedure that may leave permanent scarring.
- I have not had a history of jaundice or hepatitis within the last twelve (12) months.
- I do not have the HIV virus, AIDS, or any blood-related diseases that will prohibit the proper healing of the tattoo and pose a risk to the tattoo artist.
- I do not have hemophilia, epilepsy, or a heart condition.
- I am not pregnant.
- I am not under the influence of drugs or alcohol.
- I have received and read written aftercare instructions and agree that it is my responsibility to properly heal and care for the tattoo after its application.
- I understand that all artwork, sketches and drawings related to my tattoo and any photographs of my tattoo are property of Paradox-Studio of Dermagraphics.
- I am over 18 years of age.

I have read, and I understand, all of the above. I hereby certify that all of the information on this release form is true and correct.

Name Michael [Signature] Age \_\_\_\_\_  
please print last first m.i.

Address [Redacted] \_\_\_\_\_  
street city state zip

Phone # [Redacted] Today's Date 02/10/03  
area code month day year

Signature [Signature]

For office use only

Description of tattoo Tribal Location of tattoo L. Eye Area  
Copy of state I.D. on file. \_\_\_\_\_ Artist Victor