



*Hollow Hill Tattoo Studio*  
1825 Hurlburt Road Suite 9, Fort Walton Beach FL 32547  
hollowhilltattoostudio@gmail.com // hollowhilltattoo.com  
850.374.3228

### Client Release Form & Questionnaire

Name \_\_\_\_\_ Address \_\_\_\_\_  
ID Number \_\_\_\_\_  
Email \_\_\_\_\_ Phone Number \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

### Emergency Contact

Name \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Address \_\_\_\_\_

### Description of New Tattoo(s)

Design \_\_\_\_\_ Placement \_\_\_\_\_

### Required Questions

Are you pregnant?	Yes / No	Are you epileptic?	Yes / No
Are you a free bleeder?	Yes / No	Are you diabetic?	Yes / No
Are you HIV positive?	Yes / No	Are you Hep B positive?	Yes / No
Do you have any skin conditions?	Yes / No	Are you on medications?	Yes / No
Is the area tattooed sunburnt?	Yes / No	Do you have any allergies?	Yes / No

### How did you hear about Hollow Hill Tattoo? (Circle One)

Social Media      Friend/Recommendation      Advertisement      Other: \_\_\_\_\_

I, \_\_\_\_\_, hereby release Hollow Hill Tattoo Studio and its employees, subcontractors and agents from liabilities, claims acting, demands in law or in equity by reason of complying with my request to be tattooed. I certify that I am over 18 years old. I have received written and verbal tattoo care instructions. I certify that there is no discoloration, swelling, lumps, lesions, irritation or other condition that would make this procedure dangerous on, in, or around the area to be tattooed. I have checked any letters or numbers in this tattoo to be correct and accurate.

I hereby grant permission to Hollow Hill Tattoo Studio to use photographs and/or video of me taken during my tattoo appointment at Hollow Hill Tattoo Studio in Fort Walton Beach, in publications, news releases, online, and in other communications related to the mission of Hollow Hill Tattoo Studio.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Artist Signature: \_\_\_\_\_ Artist: \_\_\_\_\_ Date: \_\_\_\_\_