

**SHELBY RAIA**

STATEMENT OF CONDITION AND RELEASE FORM

The undersigned, has presented him/herself to **SHELBY RAIA** at a location of her business in Greenwood, Indiana, for the purpose of obtaining a tattoo by his/her signature below affirmatively states the following:

- 1. The he/she is eighteen (18) years of age or older
- 2. That he/she is not under the influence of drugs or alcohol
- 3. That he/she voluntarily and knowingly has come **SHELBY RAIA** for the purpose of obtaining a tattoo and does so voluntarily and at his/her own risk.

That the undersigned, being lawful of age and for sole consideration of one dollar, (\$1.00) and other good and valuable consideration, receipt of which is hereby acknowledged, releases and forever discharges **SHELBY RAIA** from and all claims, demands, rights and causes of action, of whatsoever nature, arising from or by reason of any known or unknown, foreseen and unforeseen injuries and/or losses as a consequence of presenting him/herself to **SHELBY RAIA** for the purpose of obtaining a tattoo.

I further affirmatively state that I have carefully read the foregoing releasing and know the contents thereof and voluntarily sign the same as my own free act.

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Date	Print Name	Signature	Age
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Address	Witness (required only if under 18)	Phone/Email
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Tattoo Location/Description	Price	CASH ONLY
Have you eaten in the last four hours?	YES/NO	COPY OF SATE ID
Have you had any alcoholic beverages in the last eight hours?	YES/NO	
Are you prone to fainting?	YES/NO	
Are you a hemophiliac? (the ability of the blood to clot is severely reduced)	YES/NO	
Have you taken aspirin, ibuprofen or any anticoagulant in the last 24 hours?	YES/NO	
Are you a diabetic?	YES/NO	
Do have any heart conditions?	YES/NO	
Is this your first tattoo?	YES/NO	
Are you allergic to anything? If yes, what?	YES/NO	
Are you pregnant?	YES/NO	