

CONSENT FORM

ely wick.

FULL NAME-

DATE OF BIRTH-

ADDRESS-

PHONE-

EMAIL-

ARTISTS NAME-

BRIEF TATTOO DESCRIPTION-

TODAYS DATE-

I acknowledge by signing this agreement that I have been given the full opportunity to ask any and all questions which I might have about the obtaining of a tattoo and that all of my questions have been answered to my full satisfaction. I specifically acknowledge I have been advised of the facts and matters set forth below and I agree as follows:

- If I have a condition that might affect the healing of this tattoo, I will advise my tattoo artist.
- I am not pregnant or nursing.
- I am not under the influence of alcohol or drugs.
- I am not currently on any medications that may affect the tattoo process: such as blood thinners, ibuprofen or aspirin.
- I do not have medical or skin conditions such as but not limited to: diabetes, epilepsy, hemophilia, heart conditions, hepatitis, or any communicable diseases.
- I do not have acne, scarring, keloiding, eczema, psoriasis, freckles, moles, or sunburn in the area to be tattooed that may interfere with said tattoo, but will inform my artist if I am having a flare up.
- If I have any type of infection or rash anywhere on my body, I will advise my tattoo artist.
- I acknowledge it is not reasonably possible for the representatives and employees of this tattoo studio to determine whether I might have an allergic reaction to the pigments or process used for my tattoo, and I agree to accept the risk that such a reaction is possible.
- I acknowledge that infection is always a possibility as a result of obtaining of a tattoo, particularly in the event that I do not take proper care of my tattoo.
- I have received aftercare instructions and I agree to follow them while my tattoo is healing.
- I agree that any touch-up work needed, due to my own negligence, will be done at my own expense.
- I realize that variations in color and design may exist between any tattoo as selected by me and as ultimately applied to my body. I understand that if my skin color is dark, the colors will not appear as bright as they do on lighter skin.
- I understand that if I have any skin treatments, laser hair removal, plastic surgery or other skin procedures, it may result in adverse changes to my tattoo.
- I acknowledge that a tattoo is a permanent change to my appearance and that no representations have been made to me as to the ability to later change or remove my tattoo.
- To my knowledge, I do not have a physical, mental, or medical impairment or disability which may affect my well being as a direct or indirect result of my decision to have a tattoo.
- I consent to the application of the tattoo and to any actions or conduct of the representatives and employees of this tattoo studio reasonably necessary to preform the tattoo procedure.
- I acknowledge that the tattoo studio is not responsible for the meaning, spelling or date of the symbol or text that I have requested for the tattoo.
- I acknowledge I am over the age of eighteen and that I have truthfully represented to my tattoo artist that in obtaining a tattoo, that it is by my choice alone.
- I waive and release to the fullest extent permitted by law any person of this tattoo studio from all liability whatsoever, including but not limited to, any and all claims or action that I, my estate or company may have for personal injury or otherwise, including any direct or indirect consequential damages, which result or arise from the procedure and application of my tattoo, whether caused by negligence or fault of either the tattoo studio, or otherwise.
- I have not tested positive for covid-19 in the past three months.
- I am not sick, nor currently experiencing the following symptoms: fever, chills, cough, shortness of breath, headache, difficulty breathing, fatigue, muscle aches, etc.
- I have not traveled internationally in the past 30 days, without quarantining for fourteen days.
- I consent to this tattoo.
- I have shown (or) sent a photo of my ID to my tattoo artist to verify my identity.
- I have read, agree to and understand everything stated above.

LICENSE NUMBER-

SIGNATURE-

*I have read, understand and agree to the terms listed in this Consent Agreement Form.

*I have sent an email with attachment of valid photo ID to info@elywick.com to accompany this Consent Agreement Form.