

TIGERLILY TATTOO

CLIENT INFORMATION

PRINT NAME: _____ DATE OF SERVICE: _____
DOB: _____ IDENTIFICATION #: _____
ARTIST: _____ { _____ }

LOCATION AND BRIEF DESCRIPTION OF TATTOO:

PLEASE INFORM YOUR ARTIST OF ANY MEDICAL OR SKIN CONDITIONS THAT YOU MAY HAVE. ALSO,
PLEASE KEEP IN MIND; SOME MEDICATIONS CAN AFFECT THE HEALING OF YOUR TATTOO:

IF YOU HAVE ANY QUESTIONS ABOUT THE TATTOO PROCEDURE, INCLUDING QUESTIONS ABOUT ANY
POSSIBLE RISKS, YOU CAN WRITE THEM ON THE OTHER SIDE OF THIS FORM.

RELEASE

I CERTIFY BY INITIALING AND SIGNING MY SIGNATURE BELOW, THE FOLLOWING:

- _____ I am at least 18 years of age.
_____ I have presented proof of vaccination against Covid-19 or a negative Covid-19 test from within the last 24 hours to TigerLily Tattoo.
_____ I am not intoxicated or under the influence of drugs.
_____ I freely consent to having this tattoo applied.
_____ I release all rights to any photographs taken of me and the tattoo and give consent in advance to their reproduction in print or electronic form.
_____ I acknowledge that the methods of sanitation and sterilization used by TigerLily Tattoo and its agents are in full accordance required by the state of Oregon.
_____ I have received pre-service information as well as written and verbal instructions concerning the care of a new tattoo and fully understand my responsibility concerning this.
_____ I understand that I own the physical manifestation of my tattoo and the right to display it to people in the same physical location, but not rights to make or sell reproductions in any form based on the artist's works performed at TigerLily Tattoo.
_____ I understand all of the above and have been informed of the potential risks, possible reactions, side effects and potential complications associated with the tattoo procedure, I still wish to proceed with the service and I assume any and all risks that may arise from the service. I hereby release of TigerLily Tattoo and its employees or business associates from any and all liability whatsoever.

SIGNATURE: _____ DATE: _____
ADDRESS: _____
PHONE: _____ EMAIL: _____