



Bully Ink
COVID-19 CONSENT & RELEASE FORM

I acknowledge that I am putting myself at risk of contracting or spreading the COVID virus. I acknowledge that I could contract this virus from various other streams of contact and will not hold any employee or agent of Bully Ink LLC or Bully Ink LLC 138 Mayo Road STE-C Edgewater Maryland 21037 liable in any way.

In addition to the complying with the BBP (Blood Borne Pathogens) guidelines per OSHA standards I understand and observe that my artist is taking extra precautions to avoid transmitting or contracting COVID. Many of these precautions have been in place prior to the COVID epidemic in compliance with following proper OSHA BBP guidelines. Current tattoo procedure precautions include the following:

- Operating business on an appointment only basis, only permitting clients with appointments into the studio.
- No additional guests are permitted at this time in order to minimize all unnecessary exposure.
- Screening all clients for fever or illness prior to the client entering the studio establishment.
- Requiring all clients to wash or sanitize their hands upon entering the studio
- Clients & artists are required to wear masks
- Artist is washing or sanitizing hands frequently, before and after each tattoo procedure to limit exposure.
- All common areas sanitized before and after each client's appointment.
- Artist is using proper medical barriers on all procedure surfaces
- Artist is sanitizing all tattoo procedure areas before and after each client using proper chemicals / disinfectants.
- Studio has installed medical grade HEPA air purifier

I understand that I am being asked to wear a mask and my artist will do the same to mitigate, not eliminate, any risk.

I understand that this is a legal document agree to all the terms above and agree to be legally bound by it.

PRINT FULL NAME: _____

SIGNATURE: _____ **Date:** / / _____



PRE-PROCEDURE HEALTH INFORMATION

PLEASE ANSWER THE FOLLOWING QUESTIONS:

* ANSWERING "YES" TO ANY OF THESE QUESTIONS DOES NOT NECESSARILY PRECLUDE YOU FROM RECEIVING A TATTOO.*

DO YOU HAVE ANY OF THE FOLLOWING MEDICAL CONDITIONS:

- HAVE YOU EXPERIENCED ANY SIGNS OF FEVER OR ILLNESS IN THE PAST 14 DAYS ? **YES** | **NO**
- PREGNANT OR NURSING ? **YES** | **NO**
- HEPATITIS ? **YES** | **NO**
- DIABETES ? **YES** | **NO**
- HEMOPHILIA ? **YES** | **NO**
- ANEMIA ? **YES** | **NO**
- BLOOD CLOT DISORDER ? **YES** | **NO**
- EPILEPSY? **YES** | **NO**
- HEART PROBLEMS ? **YES** | **NO**
- HIGH BLOOD PRESSURE ? **YES** | **NO**
- ALLERGIES ? **YES** | **NO** IF "YES" PLEASE LIST: _____

HAVE YOU CONSUMED ANY OF THE FOLLOWING:

- PRESCRIPTION BLOOD THINNERS IN THE LAST 48HRS? **YES** | **NO**
- PRESCRIPTION DRUGS IN THE LAST 48HRS? **YES** | **NO**
- VITAMINS OR SUPPLEMENTS IN THE LAST 48HRS? **YES** | **NO**
- ANTICOAGULANTS (ASPRIN, IBUPROFEN, ETC.) IN THE LAST 24 HRS? **YES** | **NO**
- ALCOHOLIC BEVERAGES IN THE LAST 24HRS? **YES** | **NO**
- FOOD IN THE LAST 2HRS? **YES** | **NO**

DO YOU HAVE ANY CONDITIONS THAT MAY AFFECT THE PROCEDURE OR HEALING PROCESS OF THE TATTOO? IF SO PLEASE LIST

THEM: _____

PRINT FULL NAME: _____ D.O.B: ___/___/___

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____@_____.COM

The information I have provided is true and correct to the best of my knowledge.

SIGN: _____ DATE ___/___/___



Bully Ink
CONSENT & RELEASE FORM

I, _____, (PRINT FULL NAME)

hereby give consent to ASHLEY REYNOLDS, (TATTOO ARTIST) of Bully Ink LLC to perform a tattoo procedure and in consideration of doing so, I hereby release the tattoo artist and Bully Ink LLC from all manner of liabilities, claims, actions, and demands in law, or equity which I or my heirs might now or hereafter by reason of complying with my request of a tattoo procedure.

- I understand, that any employee or agent of Bully Ink LLC, when performing a tattoo procedure, does not act in the capacity as a medical professional. The suggestions made by any employee or agent of Bully Ink LLC are just suggestions. They are not to be construed or substituted for advice of a from a medical professional.
- I understand, the tattoo procedure will be performed using appropriate techniques, pigments and instruments.
- I understand that infection can occur due to lack of proper hygiene, aftercare, pigment sensitivities or contact with contaminated surfaces. To ensure proper healing of this tattoo, I agree that will follow the written and verbal aftercare instructions that will be provided, until healing is complete. I understand that a tattoo may take several weeks to heal properly.
- I understand, results are not guaranteed due to the fact that every individual's anatomy retains and metabolizes pigment differently.
- I understand, this is an elective procedure with certain risks and possible effects.
- I understand, I am requesting a permanent change to the my body, and no claims about the possibility of reversing these changes have been made or implied by any employee or agent of Bully Ink LLC.
- I agree to pay Bully Ink LLC for the full cost of any services provided by any employee or agent of Bully Ink LLC.
- I understand, all sales are final, no refunds will be issued for services. Terms, conditions and risks have been explained prior to the tattoo procedure.
- I understand, Bully Ink LLC reserves all rights to use any photos and videos of my tattoo taken at the Bully Ink LLC studio.

BY SIGNING THIS DOCUMENT I FULLY UNDERSTAND ALL OF THE THE ABOVE LISTED TERMS AND CONDITIONS. I AGREE TO WAIVE AND RELEASE TO THE FULLEST EXTENT PERMITTED BY LAW THE TATTOO ARTIST, EMPLOYEE OR AGENT OF BULLY INK LLC AND BULLY INK LLC FROM ALL MANNER OF LIABILITIES, CLAIMS, ACTIONS AND DEMANDS IN LAW OR IN EQUITY WHICH I OR MY HEIRS MIGHT NOW OR HEREAFTER BY REASON OF COMPLYING WITH MY REQUEST OF A TATTOO PROCEDURE.

SIGNATURE: _____ **DATE** ____/____/____

TO VERIFY YOUR NAME AND DATE OF BIRTH PLEASE ATTACH PHOTO IDENTIFICATION.

ACCEPTABLE FORMS OF ID:

- STATE ISSUED ID
- DRIVERS LICENSE
- PASSPORT