

## The Loyal Sparrow Tattoo Co. Consent to Tattoo/Pierce

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- The artist \_\_\_\_\_ (insert artist name here) will perform the following procedure \_\_\_\_\_
- The procedure listed above will be located \_\_\_\_\_ on my body
- The procedure will be conducted on the following date (mm/dd/yy) \_\_\_/\_\_\_/\_\_\_

I have provided a written physicians referral because I meet one or more of the following criteria

- I am taking a drug or dietary supplement that induces bleeding tendencies or reduces clotting
- I have a medical condition that is known to cause bleeding tendencies or reduce clotting
- I show signs of intravenous drug use
- I have a sunburn, a skin disease such as psoriasis or eczema, a skin infection, or lesion such as a mole at the proposed site of procedure
- I have allergies or contact sensitivity to pigments, soaps, or other substances that may be used in the procedure
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Please initial each provision on the line provided

- I understand that my tattoo/piercing may result in complications and side effects that include: abscesses, allergies, excessive bleeding (from body piercing), heavy metal poisoning, infection, keloid formation, muscle paralysis, nerve paralysis, scarring, swelling, blood-borne pathogens, tongue swelling, throat closure, and tooth fracture (from oral piercing) \_\_\_\_\_
- I understand that symptoms of infection may include fever, swelling, redness, or drainage \_\_\_\_\_
- If infection or other complications do occur I will consult with a licensed medical provider \_\_\_\_\_
- I understand that tattoos and specific piercings are permanent in nature \_\_\_\_\_

I have been provided aftercare instructions by \_\_\_\_\_ both in writing and verbally I consent to receiving the procedure listed above.

Client Signature \_\_\_\_\_ Client Name (printed) \_\_\_\_\_

Client Address \_\_\_\_\_

## Media Release Form

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This Media Release Form (the "Form") is effective \_\_\_\_\_ by The Loyal Sparrow Tattoo Co. herein referred to as *Company*, and \_\_\_\_\_, herein referred to as *Client*, acknowledges and agrees to the terms below:

- *Client* grants permission to *Company* to use their photographs, videos, art or film in/on *Company's* publications, both print and digital forms, including the *Company's* website, newsletters, emails, social media posts, videos, brochures and any/all advertisements and marketing campaigns.
- *Client* consents to the use of their photographs, videos art or film by any third party (including agency, client, publication or other organization or institution) in whole or in part, in all forms and media for distribution to the general public for the purpose of publicity and promotion of the *Company*
- In giving this consent, *Client* releases the *Company* and all third parties from liability for any violation of any personal or proprietary right the *Client* may have in connection with any sale, reproduction or use of their photographs.
- *Client* certifies that they are 18 years of age or older.

IN WITNESS WHEREOF, the *Client* executes this Form by signing below

\_\_\_\_\_  
CLIENT PRINTED NAME

\_\_\_\_\_  
CLIENT SIGNATURE

CONTACT INFORMATION

\_\_\_\_\_  
CLIENT EMAIL

\_\_\_\_\_  
CLIENT PHONE NUMBER

\_\_\_\_\_  
CLIENT SOCIAL MEDIA HANDLE