

Pendragon Ink Tattoo

971-237-8587

pendragonink@gmail.com

Release and consent to tattoo

-Please circle all that apply-

Pregnant or Nursing HIV or AIDS Hepatitis Diabetic Hemophilia Epilepsy
Psoriasis or Eczema Heart condition

Please list **any** medications you are **currently** taking:

I _____ am at least 18 years of age and not under the influence of drugs or alcohol. I have received written and oral instructions on the care of my tattoo. I also understand that this is a permanent change to my body; the choice to receive this tattoo procedure is my own. I also acknowledge that Pendragon Ink has taken every conceivable precaution to insure I am tattooed in a safe and sterile environment. I hereby release Pendragon Ink, its employees, associates, agents, representatives, officers and shareholders from any and all manner of actions, causes, claims, or law suits connected in any way to my choice to receive this tattoo and or the procedures and conduct that apply.

Full Name (please print) _____

Phone: _____

Email: _____

Signature _____ Date _____

By signing this form I am swearing that the above information is true and correct

Tattoo Placement / Description: _____

Date & Time of Appointment: _____

Price: _____ **Deposit Amount:** _____ **Total Due:** _____

NO CASH REFUNDS GIVEN!

Method of Payment (please circle one) **CASH** **Credit Card** **Gift Certificate**

We would like to use a photo of your tattoo for our web and print marketing. Please initial if you release us to use an image of your tattoo for our marketing. Thank You!

_____ **YES!** Pendragon Ink Tattoo may use photographs of my Tattoos for marketing purposes, including before and after photos.

I understand I will not be compensated for this use.

_____ **NO!** Please do not use images of my Tattoos.