

## Empress Tattoo Covid-19 Consent and Waiver

Name: \_\_\_\_\_ Date: \_\_\_\_\_

I acknowledge that by signing and initialing, I have read through this agreement thoroughly, and understand the risks involved with Covid-19. I have been given full opportunity to ask questions which I might have in regards to my tattoo procedure and Covid-19, and the questions have been answered to my full satisfaction.

\_\_\_\_ I understand that Covid-19 has a lengthy incubation period and that carriers can be asymptomatic and contagious. I understand that there is a risk of myself and my tattoo artist being unknowing carriers of the virus and I consent to the tattoo procedure, given the chance of contracting the virus.

\_\_\_\_ I understand that even though the tattoo studio is sanitized and disinfected in between clients, there is still risk involved with contracting Covid-19.

\_\_\_\_ I understand that it is not at all possible to maintain social distancing at 2 meters (6 feet) between myself and the tattoo artist during the procedure.

\_\_\_\_ I have not received a positive diagnosis for Covid-19 in the past 14 days and I am not waiting for test results.

\_\_\_\_ I do not have any of the following symptoms identified as Covid-19 by AHS:

(Initial beside each)

- A fever greater than 38 degrees celsius \_\_\_\_\_
- Sore throat \_\_\_\_\_
- Cough \_\_\_\_\_
- Difficulty breathing \_\_\_\_\_
- Runny Nose \_\_\_\_\_
- Flu like symptoms \_\_\_\_\_
- Painful swallowing \_\_\_\_\_
- Shortness of breath \_\_\_\_\_
- Feeling unwell/ Fatigued \_\_\_\_\_
- Muscle/ Joint aches \_\_\_\_\_
- Chills \_\_\_\_\_

\_\_\_\_ I am not in a high risk category Including: Diabetes, Cardiovascular disease, hypertension, lung disease, moderate to severe asthma, immune compromised, or are over the age of 65.

\_\_\_\_ I am in the high risk category stated above (specify) \_\_\_\_\_ and I give my full consent to the tattoo procedure at Empress Tattoo, I willingly accept the risk associated with not being able to social distance and that I will be in a public facility.

\_\_\_\_ I have not been outside of Canada in the last 14 days.

\_\_\_\_ I have not been around someone that has been outside of Canada in the last 14 days.

\_\_\_\_ I have not been in contact with anyone who has tested positive, is waiting for test results, has been asked to self isolate, or has had any visible symptoms of Covid-19.

\_\_\_\_ I verify that all of my answers are true.

\_\_\_\_ I know that I am putting myself at risk for contracting covid-19 and willingly consent to doing so.

\_\_\_\_ I feel safe and confident that my artist is taking the proper steps and following all precautions possible to make the procedure as safe as possible and to prevent the spread of Covid-19.

Signature:

---

I, \_\_\_\_\_, the tattoo artist, trust that my client  
\_\_\_\_\_ has been honest, and I do not believe they have Covid 19,  
and I consent to the risks involved in the procedure.

Artist Signature:

---