

## COVID-19 Waiver/Release Form

I, \_\_\_\_\_, understand I am having the scalp micro pigmentation procedure performed during the COVID-19/Coronavirus pandemic and hereby release Ahead Ink/LJC Tattoo LLC and all of it's employees from all responsibility should I or anyone in my family contract the COVID-19 Virus.

PRINT NAME: \_\_\_\_\_

SIGN NAME: \_\_\_\_\_

DATE: \_\_\_\_\_