

Basic Tattoo Liability Waiver

Personal Information

Name:

Date of Birth:

Address:

Phone Number:

Email:

Waiver & Release

I acknowledge that I am at least 18 years of age and that I willingly wish to receive a tattoo.

I understand that getting a tattoo involves possible risks including infection, allergic reaction, and complications due to existing medical conditions.

I confirm that I have fully disclosed all necessary medical information to my tattoo artist and have followed all provided pre- and post-care instructions.

I release the tattoo artist and studio from all liability for any injury, loss, or damage resulting from my decision to receive this tattoo.

I acknowledge that I have read, fully understand, and agree to the above waiver.

Signature:

Date:

Tattoo Artist Name:

Artist Signature:

Date:
