

Comprehensive Tattoo Procedure Waiver

Please read and complete all sections of this waiver prior to receiving your tattoo. Your safety and understanding are very important to us.

Personal Information

Full Name:

Date of Birth:

Address:

Phone:

Email:

Health Information

☐ I am not under the influence of drugs or alcohol. ☐ I am not pregnant or nursing. ☐ I do not have a communicable disease or infection. ☐ I do not have any medical or skin conditions (including but not limited to: diabetes, hemophilia, hepatitis, HIV/AIDS, allergies, eczema, psoriasis) that may affect the healing of this tattoo. ☐ I have disclosed any relevant medical conditions to my artist.

Consent and Acknowledgment

- I am at least 18 years old or have provided proper legal consent and documentation if under 18.
- I understand the nature of the tattoo procedure and that it is permanent.
- I acknowledge the risks involved, including infection, allergic reaction, scarring, swelling, and dissatisfaction with the outcome.
- I have received aftercare instructions and agree to follow them for proper healing.
- I release the tattoo artist and studio from all responsibility and liability, to the fullest extent permitted by law, for any problem or injury that may result from the tattoo procedure.
- I authorize photographs of my tattoo for studio records and promotion, unless I expressly decline in writing.

Emergency Contact Information

Contact Name:

Contact Phone:

Relationship:

Additional Notes (optional)

Include any important notes or information here.

Client Signature:

Date:

Artist Signature:

Date: