

# 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: