

Standard Tattoo Appointment Waiver Form

Personal Information

Full Name: Date of Birth: Phone Number:
 Email Address:

Medical History

Do you have any allergies? (If yes, please specify): Are you currently taking any
medications? Do you have any pre-existing medical conditions?

Consent & Acknowledgment

☐ I confirm that I am at least 18 years old or have parental/guardian consent. ☐ I understand the risks involved in receiving a tattoo, including possible allergic reactions, infection, and scarring. ☐ I have informed the artist of any medical conditions or allergies that may affect this procedure. ☐ I release the tattoo studio and its artists from liability for complications that may arise from my appointment.

Signature:
Date: