

Tattoo Consent & Waiver Form

Personal Information

Full Name

Date of Birth

Address

Phone Number

Email

Emergency Contact Name & Number

Medical History

- ☐ I am at least 18 years old
- ☐ I am not pregnant or nursing
- ☐ I do not have any medical conditions that affect healing (e.g. diabetes, epilepsy, hemophilia, skin conditions, etc.)
- ☐ I am not under the influence of alcohol or drugs and not taking any blood thinning medication

Consent & Waiver

1. I acknowledge that I have been informed of the risks involved in receiving a tattoo and agree to follow all aftercare instructions provided to me.
2. I release the artist and studio from all liability for any injury or complication that may arise as a result of my tattoo.
3. I confirm that the information I have provided is accurate and complete to the best of my knowledge.
4. I consent to the application of the tattoo by the artist.

Client's Signature

Date

Artist's Signature

Date
