

TATTOO CONSENT & LIABILITY WAIVER

Studio Name: _____

Artist Name: _____

Client Name: _____

Date: _____

Government ID Verified: ☐ Yes ☐ No

1. CONSENT TO TATTOO

I, the undersigned, voluntarily consent to receive a tattoo from the above-named tattoo artist. I confirm that I am at least 18 years old or of legal age to receive a tattoo in my jurisdiction.

2. ACKNOWLEDGEMENT OF RISKS

I understand that receiving a tattoo involves risks, including but not limited to:

- Infection
- Scarring
- Allergic reactions to ink or materials
- Skin irritation
- Possible discomfort or pain
- Potential interference with medical tests (e.g., MRI)

I acknowledge that these risks have been explained to me and I accept full responsibility for any complications that may arise.

3. HEALTH DISCLOSURE

I confirm that:

- I am not under the influence of drugs or alcohol.
- I do not have conditions that may impact healing (e.g., diabetes, hemophilia, immune disorders) OR I have disclosed them below.

Health conditions or allergies (if any):

4. NO GUARANTEES

I understand that:

- Tattoo results may vary depending on skin type, lifestyle, and aftercare.
- Colors may fade over time.
- The artist cannot guarantee exact outcomes.

5. AFTERCARE RESPONSIBILITY

I agree to follow all provided aftercare instructions. I understand improper aftercare may cause infection, fading, or other complications.

6. RELEASE OF LIABILITY

I release the tattoo artist and studio from any liability for:

- Injury or infection
- Loss or damage of personal property
- Any medical issues arising from the tattoo

7. PHOTOGRAPHY CONSENT

The artist may take photos of my tattoo:

- Yes, for portfolio/social media
- Yes, but anonymous (no face)
- No

8. CONFIRMATION OF ACCURACY

I confirm that I have reviewed the tattoo design, spelling, placement, and size, and approve them.

9. SIGNATURES

Client Signature: _____ Date: _____

Artist Signature: _____ Date: _____

EMERGENCY CONTACT

Name: _____

Phone: _____