

CONSENT TO TATTOO PROCEDURE

NAME _____ DATE _____
DOB _____ LICENSE NO. _____
ADDRESS _____ CITY _____
STATE _____ ZIP _____ HOME PH. _____ WORK PH. _____

I acknowledge by signing this agreement and initialing each of the following disclaimers, that I have been given the full opportunity to ask any and all questions which I might have about the obtaining of a tattoo and that all of my questions have been answered to my full satisfaction. I acknowledge that I have been advised of the facts and matters set forth below and I agree as follows:

- _____ • If I have any condition that might affect the healing of this tattoo, I will advise my tattoo artist. I am not pregnant or nursing. I am not under the influence of alcohol or drugs.
- _____ • I do not have medical or skin conditions such as, but not limited to: acne, scarring (keloid), eczema, psoriasis, freckles, moles or sunburn in the area to be tattooed that may interfere with said tattoo. If I have any type of infection or rash anywhere on my body, I will advise my tattooer.
- _____ • I allow my tattoo artist the right to release, alter, and dispose of any artistic creation and/or photograph to be used for public viewing.
- _____ • I acknowledge it is not reasonably possible for the representatives and employees of this tattoo shop to determine whether I might have an allergic reaction to the pigments or processes used in my tattoo, and I agree to accept the risk that such a reaction is possible.
- _____ • I acknowledge that infection is always possible as a result of the obtaining of a tattoo, particularly in the event that I do not take proper care of my tattoo. I have received aftercare instructions and I agree to follow them while my tattoo is healing. I agree that any touch-up work needed, due to my own negligence, will be done at my own expense.
- _____ • I realize that variations in color and design may exist between any tattoos as selected by me and as ultimately applied to my body. I understand that if my skin color is dark, the colors will not appear as bright as they do on lighter skin.
- _____ • I understand that if I have any freckles, birth marks, other skin conditions, laser hair removal, plastic surgery or other skin altering procedures, it may result in adverse changes to my tattoo.
- _____ • I acknowledge that a tattoo is a permanent change to my appearance and that no representations have been made to me as to the ability to later change or remove my tattoo. To my knowledge, I do not have a physical, mental or medical impairment or disability which might affect my well being as a direct or indirect result of my decision to have a tattoo.
- _____ • I acknowledge I am over the age of eighteen and that I have truthfully represented to my tattooer that the obtaining of a tattoo is by my choice alone. I consent to the application of the tattoo and to any actions or conduct of the representatives and employees of the tattoo shop reasonably necessary to perform the tattoo procedure.

Parental Consent Section

Name: _____ Relation: _____ License #: _____

Age of Client: _____ Parent/Legal Guardian Signature: _____

DESIGN: _____ BODY LOCATION: _____

CLIENT: _____ DATE: _____

TATTOOER: _____ DATE: _____