

Tattoo consent form

Full name: _____

D.O.B: _____ Age: _____

Phone number: _____

Email: _____

Address: _____

Postal code: _____

ID check:

I, _____, understand that I am about to receive a tattoo / PMU brows from tattoo artist Andrea at Rea Tattoo's placed: _____

I confirm that I am physically and mentally fit for this procedure, and I understand that the process of getting a tattoo involves the potential risks of infection, bleeding, scarring, and allergic reactions to ink.

I understand that these risks and any associated complications are minimal, but still possible.

I understand that the tattoo artist will be using sterilized needles and other equipment.

I also understand that I need to follow the aftercare instructions to minimize the risks and promote the healing process. Aftercare will be sended with me after procedure.

I also acknowledge that the final appearance of the tattoo may not be exactly as I envisioned, due to factors such as skin type, color, texture, and age.

I certify that I am at least 18 years old. I fully disclose any medical conditions, medications, or allergies that may affect the tattoo procedure or my health.

I confirm that I am not under the influence of drugs or alcohol at the time of the procedure.

I also grant the artist and studio the permission to photograph or video record the tattoo for various purposes, such as portfolio, social media, or marketing materials.

By signing this consent form, I release the tattoo artist and the tattoo studio from any liability, claims, damages, or lawsuits arising from the tattooing process and any related complications.

I have read and understood all the terms and conditions of this consent form, and I freely and voluntarily agree to them by signing this form.

Signed:

Date:

Thank you