

## CONSENT FORM

PLEASE INITIAL IN THE BOXES PROVIDED  
AFTER READING TO SHOW THAT YOU UNDERSTAND EACH PROVISION. FEEL  
FREE TO ASK ANY QUESTIONS REGARDING THIS WAIVER.

In consideration of receiving a tattoo from \_\_\_\_\_ including its  
artists, associates, apprentices, agents, or any employees (hereinafter referred to as the  
"Tattoo Studio" I agree to the following:

- I, \_\_\_\_\_, (Print Name) have been fully informed of the  
inherent risks associated with getting a tattoo. Therefore, I fully understand that these  
risks, known and unknown, can lead to injury including but not limited to: infection,  
scarring, difficulties in the detection of melanoma and allergic reactions to tattoo  
pigment, latex gloves and/or soap. Having been informed of the potential risks  
associated with getting a tattoo I wish to proceed with the tattoo procedure and  
application and freely accept and expressly assume any and all risks that may arise  
from tattooing.

- I WAIVE AND RELEASE to the fullest extent permitted by law any person of  
the Tattoo Studio from all liability whatsoever, including but not limited to, any and all  
claims or causes of action that I, my estate, heirs, executors or assigns may have for  
personal injury or otherwise, including any direct and/or consequential damages, which  
result or arise from the procedure and application of my tattoo, whether caused by the  
negligence or fault of either the Tattoo Studio, or otherwise.

- The Tattoo Studio has given me the full opportunity to ask any question about  
the procedure and application of my tattoo and all of my questions, if any, have been  
answered to my total satisfaction.

- The Tattoo Studio has given me instructions on the care of my tattoo while it's  
healing. I understand and will follow them. I acknowledge that it is possible that the  
tattoo can become infected, particularly if I do not follow the instructions given to me. If  
any touch-up work to the tattoo is needed due to my own negligence, I agree that the  
work will be done at my own expense.

- I am not under the influence of alcohol or drugs, and I am voluntarily  
submitting to be tattooed by the Tattoo Studio without duress or coercion.

- I do not suffer from diabetes, epilepsy, hemophilia, heart condition(s), nor do I  
take blood thinning medication. I do not have any other medical or skin condition that  
may interfere with the procedure, application or healing of the tattoo. I am not the  
recipient of an organ or bone marrow transplant or, if I am, I have taken the prescribed  
preventative regimen of antibiotics that is required by my doctor in advance of any  
invasive procedure such as tattooing or piercing. I am not pregnant or nursing. I do not  
have a mental impairment that may affect my judgement in getting the tattoo.

- The Tattoo Studio is not responsible for the meaning or spelling of the symbol  
or text that I have provide to them or chosen from the flash (design) sheets.  
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- Variations in color and design may exist between the tattoo art I have selected  
and the actual tattoo when it is applied to my body. I also understand that over time, the  
colors and the clarity of my tattoo will fade due to unprotected exposure to the sun and  
the naturally occurring dispersion of pigment under the skin.

- A tattoo is a permanent change to my appearance and can only be removed  
by laser or surgical means, which can be disfiguring and/or costly and which in all  
likelihood will not result in the restoration of my skin to its exact appearance before  
being tattooed.

- I release the right to any photographs taken of me and the tattoo and give  
consent in advance to their reproduction in print or electronic form. (For assurance, if  
you do not initial this provision, please inform the Tattoo Studio NOT to take any  
pictures of you and your completed tattoo). I

- I agree that the Tattoo Studio has a NO REFUND policy on tattoos, piercing  
and/or retail sales and I will not ask for a refund for any reason whatsoever.

- I agree to reimburse the Tattoo Studio for any attorneys' fees and costs  
incurred in any legal action I bring against the Tattoo Studio and in which either the  
Artist of the Tattoo Studio is the prevailing party. I agree that the courts of located in the  
County of \_\_\_\_\_ within the State of \_\_\_\_\_ shall have  
jurisdiction and venue over me and shall have exclusive jurisdiction for the purposes of  
litigating any dispute arising out of or related to this agreement.

- I acknowledge that I have been given adequate opportunity to read and  
understand this document that it was not presented to me at the last minute and grasp  
that I am signing a legal contract waiving certain rights to recover damages against the  
Tattoo Studio.

If any provision, section, subsection, clause or phrase of this release is found to be  
unenforceable or invalid, that portion shall be severed from this contract. The remainder  
of this contract will then be construed as though the unenforceable portion had never  
been contained in this document.

I hereby declare that I am of legal age (and have provided valid proof of age and  
identification) and am competent to sign this Agreement.  
I HAVE READ THE AGREEMENT, I UNDERSTAND IT, AND I AGREE TO BE BOUND  
BY IT.

Signature \_\_\_\_\_  
Print: \_\_\_\_\_ Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Form of Identification: \_\_\_\_\_

# Tattoo Consent



CONSENT TO PIERCE & RELEASE OF CLAIMS



I acknowledge by signing this Release I have been given the full opportunity to ask any and all questions which I might have about obtaining a piercing from and all my questions have been answered to my full and total satisfaction. I acknowledge I have been advised of the matters set forth below and I agree as follows:

1. I am not pregnant or nursing. If I have any condition that might affect the healing of this piercing, I will inform my piercer.
2. I do not suffer from medical or skin conditions such as, but not limited to: keloid or hypertrophic scarring, psoriasis at the site of the piercing or any open wounds or lesions at the site of the piercing.
3. I have advised the Piercer of any allergies to metals, latex gloves, soaps and medications. I acknowledge it is not reasonably possible for the Piercer to determine whether I might have an allergic reaction to the piercing or processes involved in the piercing and further acknowledge that such a reaction is possible.
4. I have trustfully represented to the Piercer I am over the age of 18 years. I am not under the influence of drugs or alcohol. To my knowledge, I do not have any 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 piercing done at this time.
5. I acknowledge that obtaining this piercing is my choice alone and will result in a permanent change to my appearance, and that no representation has been made to me as to the ability to later restore the skin involved in this piercing to its pre-piercing condition.
6. I acknowledge infection is always possible as a result of obtaining a piercing. I have received aftercare instructions and I agree to follow all of them while my piercing is healing.
7. I understand I will be pierced using appropriate instruments and sterilization. Therefore, I request the Piercer to pierce my . I understand this type of piercing usually takes or longer to heal.

I agree to release and forever discharge and hold harmless the Piercer and all employees from any and all claims, damages or legal actions arising from or connected in any way with my piercing, or the procedure and conduct used in my piercing.

Dated this day of

NAME:

Address:

Age:

Drivers License No:

Signature: