

Tattoo Consent and Waiver Form

Full Name

Date of Birth

Address

Phone Number

Email

Medical Information

Do you have any allergies? If yes, please specify.

Any medical conditions or medications?

Consent and Waiver

☐ I confirm that I am at least 18 years of age.

☐ I understand the risks involved with tattoo procedures and wish to proceed.

☐ I release the artist and studio from all liability relating to the tattoo process.

Signature

Date