Tattoo Consent & Liability Waiver

Personal Information

Full Name	
Date of Birth	
Email	
Phone Number	
Address	
Addicas	
Emorganov Contact	
Emergency Contact	
Emergency Contact Name	
Name	
Name Phone Number	
Name Phone Number	
Name	
Name Phone Number	
Name Phone Number	
Name Phone Number Relationship	
Phone Number Relationship Health Information	

Medications

Tattoo Details
Tattoo Location
Tattoo Description
Consent & Waiver
Confirm that I am at least 18 years of age or have parental/guardian consent.
Confirm that the information provided above is complete and accurate.
I have been informed of the possible risks and consequences of the tattoo procedure and voluntarily assume all risks and responsibilities.
I release the artist and studio from any liability or responsibility for any reactions, complications, or consequences resulting from this procedure.
Signature
Date