

Tattoo Release Consent Form

Client Information:

Full Name: _____

Date of Birth: _____

Phone Number: _____

Address: _____

Tattoo Details:

Design/Description: _____

Location on Body: _____

Tattoo Size (Approximate): _____

Artist Name: _____

Date of Procedure: _____

Medical History:

- I confirm that I have disclosed all medical conditions and allergies to the artist.
- I do not have any skin conditions or infections in the tattoo area.

Acknowledgments:

- I understand the risks associated with tattooing, including infection and allergic reactions.
- I acknowledge that the tattoo is permanent and may fade over time.
- I agree to follow the aftercare instructions provided by the tattoo artist.

Release of Liability:

- I release the tattoo artist and studio from any liability related to the tattooing process.

Signatures:

Client Signature: _____ Date: _____

Witness Signature: _____ **Date:** _____

Tattoo Artist Signature: _____ **Date:** _____