

# Tattoo and Piercing Consent Waiver Form

**Notice to Client:** Please read this entire document carefully before signing. This is a legally binding contract and waiver. Fill out all sections completely using a black or blue pen if printing, or fill in the fields below before printing.

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## 1. Client Personal Information

Full Name:

Date of Birth (MM/DD/YYYY):

Phone Number:

Email Address:

Residential Address (Street, City, State, Zip):

Government-Issued ID Type & Number (e.g., Driver's License):

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## 2. Procedure Details

Type of Procedure (Type "Tattoo" or "Piercing"):

Body Location / Placement of Procedure:

Name of Practitioner / Artist:

Description of Design or Piercing Jewelry Used:

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## 3. Medical History & Health Questionnaire

Please type "YES" or "NO" to answer the following health questions:

Do you have hemophilia, epilepsy, or any other bleeding disorders?

Do you have any heart conditions, or do you wear a pacemaker?

Do you have any skin conditions, allergies to latex, metals, soaps, or inks?

Are you pregnant or nursing?

Do you take any blood-thinning medications (e.g., aspirin)?

Have you consumed alcohol, drugs, or aspirin in the last 24 hours?

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## 4. Disclosure, Consent, and Waiver Agreement

By signing below, I acknowledge, understand, and agree to the following statements:

- I am over the age of 18, or I have a parent/legal guardian present who has completed the consent portion of this form.
- I understand that a tattoo/piercing is a permanent change to my physical appearance, and no representation has been made regarding the feasibility of removal.
- I acknowledge that infection is always a possibility with any invasive procedure, and I agree to follow all aftercare instructions provided by the studio.
- I release this studio, its artists, employees, and owners from any liability, claims, or demands for damages or injuries arising out of this procedure.
- I confirm that I am not under the influence of drugs or alcohol.

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## 5. Signature and Authorization

To sign this document, please write or type your full legal name in the signature field below.

Client Legal Signature (Type or Sign Name):

Date (MM/DD/YYYY):

### For Minors (Under 18 Years of Age):

I hereby certify that I am the parent or legal guardian of the minor named above, and I give consent for the procedure described.

Parent / Legal Guardian Name:

Parent / Legal Guardian Signature:

Relationship to Minor:

Date (MM/DD/YYYY):