

TATTOO CONSENT AND RELEASE FORM

Location: _____ Client ID (if applicable): _____

Client Information:

Full Name: _____

Date of Birth: _____

Phone Number: _____

Email Address: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Tattoo Artist Information:

Artist Name: _____

Studio Name: _____

Studio Address: _____

Tattoo Description:

Tattoo Location on Body: _____

Tattoo Size and Colors: _____

Design Description: _____

Health & Safety Declarations:

- I certify that I am at least 18 years old and legally able to consent to this tattoo procedure under applicable state law.
- I do not have any medical conditions such as hemophilia, diabetes, epilepsy, or heart conditions that could affect tattooing.
- I am not currently pregnant or nursing, and I understand tattooing during pregnancy may carry risks.
- I do not have any allergies to tattoo ink, latex, or other materials used in tattooing.
- I am not under the influence of alcohol, drugs, or medication that may impair my consent or healing.
- I understand that tattooing involves needles and potential exposure to bloodborne pathogens, and I accept these risks.
- I agree to follow all aftercare instructions provided by the tattoo artist to promote healing and reduce infection risk.

Consent and Release of Liability:

By signing below, I acknowledge that I have read, understood, and voluntarily agreed to all information contained in this Tattoo Consent and Release Form. I understand the nature of the tattoo procedure, the risks involved, and the aftercare requirements. I release and hold harmless the tattoo artist, studio, and associated personnel from any and all liability, claims, or damages arising from or related to the tattoo procedure, including, but not limited to, infection, allergic reactions, or dissatisfaction with the finished tattoo. I understand that tattoos are permanent and that removal or alteration may be difficult. I have had the opportunity to ask questions and have received satisfactory answers.

Client Signature: _____ Date: _____

Tattoo Artist Signature: _____ Date: _____

Note: This form is a legal document. Please consult an attorney if you have any questions about your rights or obligations.

CLIENT'S SIGNATURE

ARTIST'S SIGNATURE

Signature: _____

Signature: _____

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