

TATTOO STUDIO LIABILITY WAIVER AND INFORMED CONSENT FORM

Client's Full Name: _____

Date of Birth: _____ Phone Number: _____

Email Address: _____

Emergency Contact Information:

Name: _____

Relationship: _____

Phone Number: _____

Medical History and Allergies:

Please list any medical conditions, allergies, skin conditions, or sensitivities that may affect your tattoo procedure. If none, write 'None'.

Tattoo Procedure Acknowledgment:

I acknowledge that I am voluntarily receiving a tattoo procedure by a licensed tattoo artist. I understand that tattoos are permanent and that removal is difficult, costly, and may not be complete. I have been provided with information about the procedure, aftercare, and possible risks, including but not limited to infection, allergic reaction, scarring, and swelling. I confirm that I have no infections, skin diseases, or other conditions that would contraindicate tattooing.

Consent to Tattoo:

I hereby consent to the application of a tattoo and authorize the tattoo artist to perform the procedure. I release the tattoo studio, artist, and their agents from any liability resulting from the tattooing procedure, including claims of negligence or malpractice, except for willful misconduct or gross negligence. I acknowledge that I have had the opportunity to ask questions and that all my questions have been answered to my satisfaction.

Legal Age Confirmation:

I confirm that I am at least 18 years of age, or the age of majority in my state/jurisdiction, and able to legally consent to tattoo procedures. I agree to provide valid government-issued identification as proof of age if requested.

Photography and Use of Images:

I consent / do not consent (circle one) to photographs of my tattoo(s) being taken and used by the tattoo studio or artist for promotional, educational, or marketing purposes. I understand that my identity will be protected unless I provide separate consent.

Aftercare and Follow-up:

I understand the importance of following the aftercare instructions provided and agree to do so. I will seek medical attention if I experience unusual pain, swelling, or signs of infection. I understand the tattoo artist/studio is not responsible for adverse outcomes related to failure to follow aftercare instructions.

Waiver and Release of Liability:

To the fullest extent permitted by law, I hereby waive, release, and hold harmless the tattoo studio, its employees, agents, and contractors from any and all liability, claims, demands, or causes of action that I may have now or in the future, including but not limited to claims for personal injury, property damage, or death arising out of or related to the tattoo procedure.

Governing Law and Severability:

This waiver and informed consent shall be governed by and construed in accordance with the laws of the United States and the state where the tattoo studio is located. If any provision of this agreement is held invalid or unenforceable, the remaining provisions shall remain in full force and effect.

Acknowledgment and Signature:

I have carefully read and fully understand this Tattoo Studio Liability Waiver and Informed Consent Form. I confirm that all information I have provided is true and accurate, and I voluntarily agree to the terms and conditions stated herein.

CLIENT'S SIGNATURE

TATTOO ARTIST SIGNATURE

Signature: _____

Signature: _____

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