Tattoo/Piercing Consent & Waiver

Comprehensive consent and liability waiver for tattoo and piercing services including age verification and health screening

Client Information

First Name *

Last Name *

Email Address *

Phone Number *

Date of Birth *

MM / DD / YYYY

Service Information

Type of Service *

- [ ] Tattoo
- [ ] Body Piercing
- [ ] Both Tattoo & Piercing
- [ ] Tattoo Touch-Up / Cover-Up

Description of Service *

Artist/Piercer Name

Age Verification

You must be at least 18 years of age to receive tattoo or piercing services. Valid government-issued photo ID is required. If you are under 18, a parent or legal guardian must be present and sign the Minor/Parental Consent Affidavit.

I confirm that I am at least 18 years of age *

- [ ] Yes, I am 18 or older
- [ ] I am under 18 and my parent/guardian is present

Government-Issued ID Type *

- [ ] Driver's License
- [ ] State ID
- [ ] Passport
- [ ] Military ID

Last 4 digits of ID number *

Health & Safety Screening

Are you currently under the influence of alcohol or drugs? *

☐ No, I am sober ☐ Yes

Important: We cannot perform any services on individuals who are under the influence of alcohol or drugs. This is for your safety and to ensure the best results.

Do you have any of the following conditions?

☐ Hemophilia or bleeding disorder
☐ Epilepsy or seizure disorder
☐ HIV, Hepatitis B or C
☐ History of keloid scarring
☐ Immune system disorder
☐ Diabetes
☐ Heart condition
☐ Skin disease (eczema, psoriasis, dermatitis)
☐ Currently pregnant or nursing
☐ None of the above

List any known allergies (latex, metals, dyes, topical anesthetics) *

Are you currently taking any medications (including blood thinners)?

Liability Waiver

Acknowledgments and Waiver of Liability:

1. I understand that tattooing and piercing involve penetrating the skin with needles, which carries inherent risks including but not limited to: infection, scarring, keloid formation, allergic reaction, nerve damage, and prolonged healing.

2. I confirm that the studio has explained the procedure, risks, and aftercare to my satisfaction.

3. I understand that the studio uses sterile, single-use needles and follows all applicable health and safety regulations.

4. I accept that the final result of a tattoo depends on many factors including skin type, aftercare compliance, sun exposure, and natural aging.

5. I understand that piercing jewelry should not be removed during the healing period and that doing so may result in the piercing closing.

6. I agree to follow all aftercare instructions provided.

7. I acknowledge that touch-ups are subject to the studio's touch-up policy.

8. I release the studio, its artists, and employees from any and all claims, damages, or liability arising from the services performed today.

I have read the liability waiver in its entirety and voluntarily agree to its terms. I understand the risks associated with the service I am receiving.

I have read and agree to the liability waiver: _____

Service Log

For office use only

	Date	Area	Ink / Lot #	Needle
Entry 1				
Entry 2				
Entry 3				
Entry 4				
Entry 5				
Entry 6				

Consent & Signature

By signing below, I certify that I am of legal age (or accompanied by a parent/guardian), am not under the influence of drugs or alcohol, have disclosed all relevant health conditions, and voluntarily consent to the tattoo/piercing service described above. I accept full responsibility for my decision and release the studio from liability.

I confirm I have read and understood the above information and give my informed consent.

I have read and understand the above information: _____

Signature _____ Date _____

Print name _____

Date *

MM / DD / YYYY _____