

TATTOO/PIERCING CONSENT AND LIABILITY WAIVER

THIS AGREEMENT (“Agreement”) is made on the _____ day of _____, 20__ (the “Effective Date”) by and between _____ (“Operator”) and _____ (“Client”).

Operator will provide tattoo and/or piercing services (the “Services”) to Client based on the following representations by Client:

____ I am not pregnant or nursing.

____ I am not under the influence of alcohol, nor on any drug.

____ I do not have medical conditions that may affect the Services, including hepatitis, diabetes, heart disease, epilepsy, hemophilia, high blood pressure, or other physical conditions that may affect application or healing.

____ I am not allergic to latex, soap, metals, or tattoo pigments.

____ I am not prone to fainting or vertigo.

____ I have not consumed any anticoagulants within the last 24 hours (such as aspirin or ibuprofen).

____ I fully understand that variations may occur between the image provided or chosen and the actual tattoo or piercing when applied to my body and that tattoos will fade over time and with exposure to sunlight.

____ I certify that I am either (i) over 18; or (ii) under the age of 18 and have the consent of my parent(s) or guardian to engage in the Services. If the latter, the parent or guardian MUST sign this form.

Client acknowledges and fully understands that by using the Services, Client will be engaging in activities that involve risk of serious injury, scarring, disfigurement, or illness, including permanent disability or death. Client hereby assumes all risks and freely accepts full personal responsibility for all potential damages, injury, scarring, disfigurement, permanent disability, or death resulting from or associated with Client’s use of the Services.

In consideration of being provided the Services, Client does, for himself or herself, his or her heirs, executors, and assigns, hereby release, waive and discharge Operator, its predecessors, successors, parents, affiliates, officers, directors, managers, members, attorneys, agents, representatives, insurers, and employees from any and all actions, claims, demands, accidents, injuries, death, damages, costs, losses, and all consequential damages, whether known or unknown, arising out of any alleged negligence or recklessness on their part with respect to Client’s use of the Services.

Client understands that Operator is not responsible for verifying the text or images provided or chosen by the Client. Client acknowledges that Operator is not a medical professional and that the Services involve a permanent change to the Client’s body.

Client understands that if proper aftercare procedures are not followed, infection or injury may occur and agrees to follow the verbal and/or written instructions for aftercare made by the Operator. Client will rely only on medical advice provided by a licensed medical provider or Client’s own physician and not upon any unlicensed



employee, agent, or contractor of Operator. Client is not aware of any medical or physical condition that would prevent Client from using the Services or that would present a serious health risk to Client.

Client Signature: _____

Printed Name: _____

CONSENT OF PARENT OR GUARDIAN

I/We, _____, hereby certify, under penalty of perjury, that I/we am/are the parent(s), or legal guardian(s), of the following minor child:

Name: _____ Date of Birth: _____

I/We certify that we have the legal authority to consent to my/our child being tattooed, and I/we do hereby grant Operator this consent.

The description of the tattoo consented to is as follows: _____

I/We have read and understand this Consent and agree to be bound by its terms. I/We am/are over 18 years of age and am/are authorized and competent to sign this Consent. I/We understand that this release will remain in effect indefinitely.

DATED: _____

Signature of Parent or Legal Guardian

DATED: _____

Signature of Parent or Legal Guardian



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