

TATTOO AND BODILY PIERCING CONSENT FORM

THIS TATTOO AND BODILY PIERCING CONSENT FORM (this “Consent”) is dated as of _____ and is executed by _____.

In consideration of receiving a tattoo and/or bodily piercing (the “Procedure”) from _____ (“Practitioner”), located at or affiliated with the business known as _____, I confirm the following:

- All of my questions about the Procedure have been answered to my satisfaction.
- I have been given written aftercare instructions for the Procedure.
- I have been informed about what I can expect following the Procedure, including potential medical complications.
- I understand that certain Procedures can result in nerve damage, bone, and tooth loss and that if I choose to remove my jewelry following a bodily piercing, permanent holes or scars may be left on my body.
- I am the person on the legal identification card presented as proof that I am at least 18 years of age, or the Procedure will be performed in the presence of my parent or legal guardian.
- I am not under the influence of alcohol or drugs, and I am voluntarily submitting to body piercing without duress or coercion.
- I understand there is a possibility of an allergic reaction as a result of the Procedure. I understand there is a possibility of getting an infection, and I have been advised of the signs and symptoms of infection that indicate a need to seek medical attention.
- In the case of a tattoo, I acknowledge that variations in color and design may exist between any tattoos as selected by me and as ultimately applied to my body. I understand that any touchups required because of my own negligence or failure to follow the Practitioner’s instructions shall be at my own cost and expense.
- I acknowledge that the Procedure is a permanent change to my appearance and that no representations have been made to me as to the ability to later change, alter, or remove my tattoo or piercing.
- I agree to follow all instructions concerning the care of my Procedure.
- I understand that there is a chance I might feel lightheaded or dizzy during or after the Procedure. I agree to immediately notify the Practitioner in the event I feel lightheaded, dizzy, and/or faint before, during, or after the Procedure.



I, _____, have been fully informed of the risks of the Procedure, including, without limitation, infection and other medical complications, scarring, and allergic reactions. Having been informed of the potential risks associated with receiving the Procedure, and I still wish to proceed with the Procedure voluntarily and by my own free will. I assume any and all risks that may arise from the Procedure.

IN WITNESS WHEREOF, the undersigned executes this Tattoo and Bodily Piercing Consent Form as of the date indicated below.

Last Name: _____
First Name: _____
Middle Name: _____

Signature

Date

Parent/Guardian (in the case of Minor); and attach Parent Consent Form.

Last Name: _____
First Name: _____
Middle Name: _____

Signature

Date



PARENTAL CONSENT FOR PIERCING/TATTOO

I certify that I am the parent or legal guardian of the minor named _____, who is receiving the piercing and/or tattoo (the "Procedure").

I acknowledge by signing this Parental Consent Form, I hereby forever fully release, indemnify, hold harmless, and discharge the Practitioner named _____, the business known as _____, and its employees, representatives and agents, of and from any and all claims, actions, liabilities, demands and causes of action whatsoever, whether at law or in equity, by reason of complying with my request to perform the Procedure on my child.

I acknowledge that I have been fully informed of the risks of the Procedure, including, without limitation, infection and other medical complications, scarring, and allergic reactions. Having been informed of the potential risks associated with receiving the Procedure, and I still wish to proceed with the Procedure for my child voluntarily and by my own free will. I assume any and all risks that may arise from the Procedure on my child.

I agree that I will assume all responsibility for any medical, legal, or other consequence resulting from my request to perform the Procedure on my child. I understand that I must remain in the presence of the minor during the performance of the Procedure.

Adult's relation to Minor: _____

_____ Appropriate identification of the parent/guardian and minor have been provided to Practitioner.

Parent/Guardian of the Child Receiving the Procedure:

Last Name: _____

First Name: _____

Middle Name: _____

Signature

Date

