



Tattoo/Permanent Cosmetic Consent Release Form

Full Name _____ Email _____ DOB _____

Age _____ Phone _____ Address _____

Procedure: Permanent Makeup _____ Tattoo _____ Artist Name _____

Please read the following statement carefully and initial where it is required at the end of each statement to acknowledge understanding and consent.

- I am over the age of 18, and obtaining a tattoo is by my choice alone. I am not pregnant or nursing or under the influence of drugs, alcohol, or any other mood altering substances, prescribed or non-prescribed. _____ (initials)
- I will advise my tattoo artist if I have any allergies, medical or skin condition that might affect the safety or healing of this procedure. _____ (initials)
- I acknowledge that is not always possible to determine in advance whether I might have an allergic reaction to the pigment, dyes or topical preparation used in the procedure and accept the risk as such a reaction is possible. _____ (initials)
- Taking photographs or videos are a necessary part of the procedure and that they may be used for promotional purposes and I consent to do so. _____ (initials)
- I fully understand that a cosmetic and tattoo process is not an exact science, but an art. It's a permanent change to my appearance and I accept the process if later I decide to change or remove my tattoo. _____ (initials)
- I understand that I will have the opportunity to approve the design and color of the procedure, and I accept the responsibility for the same. _____ (initials)
- I understand that any future skin treatment, laser hair removal, injections, plastic surgery or other skin altering procedures may result in adverse changes to my tattoo. _____ (initials)
- I have been informed of the risk and possible complications of the procedure, including but not limited to: minor and temporary bleeding, bruising, redness or discoloration and/or swelling, scarring, color fading and the possibility of infection in the area if not properly taken care of. _____ (initial)
- I understand that there may be a certain amount of discomfort or pain associated with the procedure with or without a use of a topical anesthetic. _____ (initials)

I read and fully understood all the information given on this consent and I acknowledge that I am being given the opportunity to ask all the questions that I might have and all my questions have been answered to my full satisfaction.

Client Signature _____ Date _____
ID _____

Tattoo Artist _____ Lot # _____ Body Placement _____ Pigment Color _____

Additional information: _____
