

SUNRISE TATTOO

Tattoo Consent Form

Customer's Information:

- First name _____ Last name _____
- Address: _____
- Email and phone: _____
- Date of Birth(MM/DD/YY): _____ Age: _____
- Description and Location of Tattoo: _____

Medical and Health Information:

1. Are you under the influence of drugs or alcohol?
 Yes
 No
2. Do you consume any medication within the last month, or are you currently taking any medication?
 Yes (If yes, please specify the medication(s)):

 No
3. FEMALE ONLY: Are you pregnant or nursing?
 Yes
 No
4. Do you have a communicable disease?
 Yes
 No
5. Do you have any skin conditions?
 Yes (If yes, please specify: e.g., Rashes, eczema, infection, psoriasis, freckles, allergies etc.) _____

 No
6. Medical History (e.g., Diabetes, Cardiovascular Disease, Epilepsy, Blood-related disease, etc.):

7. Have you had any illnesses in the last 48 hours:

Initials: _____

Consent Statements:

Please read and agree to the following:

8. I understand that this procedure is a permanent change to my skin and body.
 Agree
9. I allow my tattoo to be photographed and be used for the Tattoo Shop portfolio.
 Agree
10. I acknowledge that the Tattoo Shop does not offer refunds.
 Agree
11. I agree that the studio does not have a way of identifying if I am allergic to the elements or ingredients that will be used for my tattoo.
 Agree
12. I indemnify and hold harmless the Tattoo Shop against any claims, expenses, damages, and liabilities.
 Agree
13. I confirm that the information I provided in this document is accurate and true.
 Agree
14. I have received verbal and written aftercare instructions _____

Signatures:

- **Customer Signature:**

- **Date:**

- **Tattoo Artist Name:**

- **Tattoo establishment name:**

- **Artist Signature:**
