

CONSENT TO TATTOO
PROCEDURE - MINOR

NAME _____ DATE _____ DOB _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ PHONE _____ LICENSE NO. _____

Approved Procedure Date:

I acknowledge by signing this agreement that I have been given the full opportunity to ask any and all questions which I might have about the obtaining of a tattoo and that all of my questions have been answered to my full satisfaction. I specifically acknowledge I have been advised of the facts and matters set forth below and I agree as follows:

If I have any condition that might affect the healing of this tattoo, I will inform my tattooer. I am not pregnant or nursing. I am not under the influence of alcohol or drugs. X _____

I do not have medical or skin conditions such as but not limited to: acne, scarring (Keloid) eczema, psoriasis, freckles, moles or sunburn in the area to be tattooed that may interfere with said tattoo. If I have any type of infection or rash anywhere on my body, I will advise my tattooer. X _____

I acknowledge it is not reasonably possible for the representatives and employees of this tattoo shop to determine whether I might have an allergic reaction to the pigments or processes used in my tattoo, and I agree to accept the risk that such a reaction is possible. X _____

I acknowledge that infection is always possible as a result of the obtaining of a tattoo, particularly in the event that I do not take proper care of my tattoo. I have received aftercare instructions and I agree to follow them while my tattoo is healing. I agree that any touch-up work needed, due to my own negligence, will be done at my own expense. X _____

I realize that variations in color and design may exist between any tattoo as selected by me and as ultimately applied to my body. I understand that if my skin color is dark, the colors will not appear as bright as they do on light skin. X _____

I understand that if I have any skin treatments, laser hair removal, plastic surgery or other skin altering procedures, it may result in adverse changes to my tattoo. X _____

I acknowledge that a tattoo is a permanent change to my appearance and that no representations have been made to me as to the ability to later change or remove my tattoo. To my knowledge, I do not have a physical, mental or medical impairment or disability which might affect my well-being as a direct or indirect result of my decision to have a tattoo. X _____

I consent to the application of the tattoo and to any actions or conduct of the representatives and employees of the tattoo shop reasonably necessary to perform the tattoo procedure. X _____

I give permission to use of my photos for the purpose of marketing. My pictures may appear in print or online.
YES _____ NO _____

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Therefore, I request the Tattoo Artist to tattoo my son/daughter's _____. I agree to release and forever discharge and hold harmless the Tattooer and all employees from any and all claims, damages or legal actions arising from or connected in any way with my tattoo, or the procedure and conduct used in his/her tattoo.

By my signature below, I certify that I am the parent legal guardian of _____, who is willingly submitting to these procedures.

SIGNATURE (Parent/Legal Guardian): _____ PRINT NAME: _____

SIGNATURE (Tattooee): _____ PRINT NAME: _____

DATE: _____ PARENT/LEGAL GUARDIAN PHOTO ID: _____