Tattoo and Piercing Consent and Release

Please read carefully and answer every question. Your answers help us work safely.

Studio name

Artist or piercer

Service (tattoo or piercing) and description

Placement

Client full name

Date of birth

Phone

Client address

Photo ID checked (type and last 4 digits)

Health questions

Allergies (latex, metals, ointments) or none

Conditions: diabetes, heart, bleeding disorder, skin condition, epilepsy, other (or none)

Blood thinners or other medications (or none)

Pregnant or nursing (yes/no)

Consent and release

I confirm I am at least 18 and not under the influence of alcohol or drugs. I understand the risks, including infection, allergic reaction, scarring and that results vary with my skin and aftercare. I have received aftercare instructions and will follow them. I approve the design, spelling and placement. I release the Studio and its artists from claims arising from this service, except those caused by their negligence. I consent to the Studio keeping a record of this service as Ontario's personal service setting rules require.

Client

Signature

Full name

Date

Studio

Signature

Full name

Date