The Mad Tatter LLC

 Tattoo and Piercing Consent Form

Full Name: Date:

 Last First M.I.

Phone: Email:

Birth Date: Sex: Location of Tattoo or piercing on Body:

Circle one: **Tattoo or Piercing** Description of tattoo:

Allergies and Medical Conditions

* I give my consent to receive a tattoo or piercing…………………………………………….Initial\_\_\_\_\_\_\_
* I am aware that if I do NOT follow the aftercare instructions it will cause problems with the healing and THE MAD TATTER LLC is not responsible to for any damages to your tattoo or piercing due to lack of care.……………………………………………………………………………………………Initial\_\_\_\_\_\_\_
* I understand that if do not remain calm and still during the tattoo or piercing process it may cause flaws in your tattoo or piercing…………………………………………………………………………Initial\_\_\_\_\_\_\_
* I understand the risk of a tattoo or piercing …………………………………………………Initial\_\_\_\_\_\_\_
* I am NOT under the influence of drugs and alcohol………………………………………..…Initial\_\_\_\_\_\_\_
* I am NOT pregnant………………………………………………………….…………………Initial\_\_\_\_\_\_\_
* I am NOT any type of blood Thinner………………………………………………………….Initial\_\_\_\_\_\_\_
* I give THE MAD TATTER LLC the right to use my likeness for promotional reasons……...Initial\_\_\_\_\_\_\_

Disclaimer

I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application or interview may impact my tattoo or piercing procedure and THE MAD TATTER LLC is not responsible for any damages stemming form this

X

Artist Name: