

# INFORMED CONSENT TO BODY ART WORK

PLEASE READ AND BE CERTAIN YOU UNDERSTAND  
THE IMPLICATIONS OF SIGNING

In consideration of receiving BODY ART from \_\_\_\_\_, the Practitioner,  
**Name of the Practitioner**

at \_\_\_\_\_, (together with its employees, apprentices, and agents, the "Body Art Business")  
**Name of Body Art Business**

I \_\_\_\_\_ confirm the following by initialing each applicable item:  
**Client's Name and if applicable, Parent or Legal Guardian Name**

- All questions about the Body Art work have been answered to my satisfaction, and I have been given written and verbal aftercare instructions for the Body Art work I am about to receive.
- The Body Art has been described or shown to me and is correctly placed or drawn to my specifications.
- I understand that tattooing is permanent and that if I choose to have it removed, it may be expensive and leave scars.
- I am the person on the legal ID presented as proof that I am at least 18 years of age; and in the case of a minor receiving legal piercing, I am the legal parent or guardian of the minor receiving the legal piercing and I am granting permission for this minor to receive the legal body piercing.
- I am not under the influence of alcohol or drugs and that I am voluntarily submitting to Body Art work without duress or coercion.
- I understand there is a possibility of an allergic reaction.
- I understand there is a possibility of getting an infection.
- I agree to follow all instructions concerning the care of my Body Art work, and that any touch-ups or repairs that may become needed due to my own negligence will be done at my own expense.
- I understand that there is a chance I might feel lightheaded or dizzy during or after Body Art work.
- I agree to immediately notify the artist in the event I feel lightheaded, dizzy and/or faint before, during or after the procedure.

I, \_\_\_\_\_ have been fully informed of the risks of Body Art including  
**Please Print Name**

but not limited to infection, scarring, difficulties in detecting melanoma, and allergic reactions to pigments, latex gloves, and antibiotics. Having been informed of the potential risks associated with obtaining Body Art, I still wish to proceed with the Body Art work and I assume any and all risks that may arise from the Body Art work.

Signed \_\_\_\_\_ Date \_\_\_\_\_