

CONSENT



FORM

DATA TATTOO ARTIST

NAME: _____
COMPANY NAME: _____
ADDRESS STUDIO: _____

DATA CLIENT

NAME: _____
ADDRESS: _____
PHONE NUMBER: _____
DATE OF BIRTH: _____

STATEMENT FROM CLIENT

- I HAVE PUT THE INFORMATION FROM THE INFORMATION SHEET UNDER CONSIDERATION.
- I HAVE BEEN INFORMED ABOUT POSSIBLE RISKS AND COMPLICATIONS THAT ARE CONNECTED TO GETTING A TATTOO AND I UNDERSTAND THE INFORMATION.
- I AM CURRENTLY NOT UNDER INFLUENCE OF ALCOHOL, DRUGS OR OTHER SUBSTANCES THAT COULD INFLUENCE MY EXPERIENCE, SELF-DETERMINATION AND SENSE OF JUDGMENT.
- THE AFTER CARE PROCEDURE HAS BEEN EXPLAINED CLEARLY TO ME AND I UNDERSTAND WHICH ACTIONS AND PRECAUTION MEASUREMENTS I MUST TAKE. I GOT MY OWN COPY OF THE AFTERCARE GUIDE.
- I GIVE PERMISSION THAT THE TATTOO SESSION WOULD BE DONE AS DESCRIBED ON THE TATTOO PASSPORT BY THE NAMED TATTOO ARTIST.
- I CONFIRM THAT THE TATTOO ARTIST IS PERMITTED TO KEEP THIS CONSENT FORM IN FILE.

• I AM AWARE AND ACCEPT THE RISKS AND POSSIBLE COMPLICATIONS IN CONNECTION WITH BEING TATTOOED.

• I CONFIRM THAT THE INFORMATION AND STATEMENTS ABOVE ARE GIVEN IN HONOR AND CONSCIENCE AND ARE CORRECT.

STATEMENT FROM TATTOO ARTIST

• I CONFIRM THAT THE TATTOOING SESSION WILL BE DONE UNDER HYGIENIC CIRCUMSTANCES WITH SUITED STERILE INSTRUMENTS AND SAFE TECHNIQUES AND UNDER THE EN 17196 AND CORRESPONDING NATIONAL REQUIREMENTS.

• I CONFIRM THAT I HAVE OFFERED A COPY OF THIS SIGNED CONSENT FORM TO THE CLIENT AND HAVE ADVISED THEM TO KEEP THIS INFORMATION.

SIGNATURE

DATE:

SIGNATURE CLIENT
(FIRST TATTOO SESSION):

SIGNATURE CLIENT
(FURTHER TATTOO SESSION):

SIGNATURE TATTOO ARTIST:



INK PASSPORT

DATE:	NAME CLIENT:	DESCRIPTION TATTOO:	PART OF THE BODY:

