

SAMPLE TATTOO SHOP  
12345 N ANYWHERE STREET  
LINCOLN, NE 68510

**INFORMED CONSENT FORM - ADULT**

I am aware that this body art procedure exposes me to risks and I acknowledge that \_\_\_\_\_ BODY ART SHOP has fully informed me and advised me of that fact. I understand the risks described below and the risks which have been discussed with me may not be complete and that there may be unknown or unanticipated risks which may result in injury to me. I agree to assume responsibility for the risks identified below, as well as risks, which are not specifically identified. I am acting voluntarily, and I fully consent to the application of the body art and to any actions or conduct of \_\_\_\_\_ BODY ART SHOP reasonably necessary to the procedure.

I acknowledge that I have been given every opportunity to ask questions I might have about the body art procedure and the care and treatment of the body art. I acknowledge that all my questions have been answered to my full and total satisfaction.

I hereby certify the following and understand \_\_\_\_\_ BODY ART SHOP will rely upon the Informed consent as a condition of applying the body art.

1. I have read the risk statements and understand the risks.
2. I do not have any communicable diseases, skin conditions, or any other medical conditions.
3. I have received after care instructions and accept full responsibility in following the instructions. I realize I may get an infection if the instructions are not followed and proper care is not given to the body art.
4. I have informed \_\_\_\_\_ BODY ART SHOP of any latex allergies I may have.
5. I am not pregnant.
6. I understand and acknowledge that I might experience an allergic reaction to the jewelry used in my body art and I understand and acknowledge that it is not reasonably possible that \_\_\_\_\_ BODY ART SHOP can determine whether I will have a reaction.
7. I understand and acknowledge that body art is a permanent change to my appearance and no representations have been made to me as to the ability to later change or remove my body art.
8. I am over eighteen (18) years of age and have shown a valid state issued ID.
9. I acknowledge that the obtaining of my body art is by my choice alone, and I consent to the application of the body art.

I agree to release and hold harmless \_\_\_\_\_ BODY ART SHOP, its owner and contractor from any and all claims, damages, or legal actions arising from or connected in any way with my body art or the procedures and conduct used to apply my body art. I have read and understood the terms and conditions of the Consent Form.

Name \_\_\_\_\_

Male \_\_\_\_ Female \_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Race \_\_\_\_\_

Date of Birth \_\_\_\_\_

Drivers License # \_\_\_\_\_

Signature \_\_\_\_\_

Body Art Location & Description of Tattoo or Jewelry \_\_\_\_\_

Date \_\_\_\_\_

Artist \_\_\_\_\_