

# TATTOO CONSENT AND RELEASE FORM

Zuazuart - Madrid, Spain

## Client Information

Full name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Appointment date: \_\_\_\_\_ Tattoo placement: \_\_\_\_\_

Project description: \_\_\_\_\_

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## Consent

Initial each statement:

\_\_\_\_ I confirm that I am at least 18 years old and have provided valid identification.

\_\_\_\_ I am not under the influence of alcohol, drugs, or any substance that affects consent.

\_\_\_\_ I have truthfully shared relevant medical conditions, allergies, and medications.

\_\_\_\_ I understand tattooing may involve pain, bleeding, swelling, infection, allergic reaction, scarring, ink migration, fading, and possible need for touch-ups.

\_\_\_\_ I consent to the tattoo procedure described above and understand the design/placement.

\_\_\_\_ I agree to follow aftercare instructions and seek medical advice if concerns arise.

## Photo Permission

[ ] Yes, Zuazuart may photograph and share my tattoo for portfolio/social media.

[ ] No, I do not give permission to share photos publicly.

## Signatures

Client signature: \_\_\_\_\_ Date: \_\_\_\_\_

Artist signature: \_\_\_\_\_ Date: \_\_\_\_\_

This template should be reviewed and adjusted for your studio policies and local requirements.