

# WITWER & CO. TATTOO SHOP

## Informed Consent & Release Waiver

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### CLIENT INFORMATION

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Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ ID Verified (Type): \_\_\_\_\_

### DISCLOSURE & HEALTH HISTORY

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Please initial each point to confirm understanding:

\_\_\_ I am over the age of 18 and have provided valid government-issued identification.

\_\_\_ I am NOT under the influence of drugs or alcohol.

\_\_\_ I do not have any skin conditions, rashes, or lesions in the area to be tattooed.

\_\_\_ I have informed the artist of any allergies (latex, dyes, pigments) or medical conditions (diabetes, epilepsy, heart conditions, hemophilia, or pregnancy).

\_\_\_ I understand that a tattoo is a permanent change to my appearance and that no representations have been made to me as to the ability to later restore the skin.

### RISKS & RESPONSIBILITIES

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- **Infection:** I acknowledge the risk of infection if aftercare instructions are not followed. I agree to follow the written and verbal aftercare provided by the studio.
- **Allergic Reaction:** I understand that allergic reactions to pigments are rare but possible.
- **Quality & Design:** I have reviewed and approved the design, spelling, and placement of the tattoo.
- **Release of Liability:** I release Witwer & Co. and its artists from any and all liability or claims arising from the tattooing process.

### AUTHORIZATION

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I certify that I have read this document and fully understand its contents. I am signing this of my own free will.

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Client Signature

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Date Signed

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Artist Signature

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Studio Location: Mansfield, OH

*Note: This document is for informational purposes. Consult with a legal professional to ensure compliance with local and state regulations in Ohio.*