

# Pre-Session Consent & Release

MEDICAL · LIABILITY · PHOTO RELEASE

— SECTION 01 · APPOINTMENT & PERSONAL

## Confirm your session.

FULL LEGAL NAME

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DATE OF BIRTH (18+)

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APPOINTMENT DATE

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APPROXIMATE TIME

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PIECE BEING WORKED ON

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PLACEMENT ON BODY

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— SECTION 02 · CONTACT

## How to reach you.

EMAIL

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PHONE

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MAILING ADDRESS (STREET, CITY, STATE, ZIP)

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EMERGENCY CONTACT — NAME

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RELATIONSHIP

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EMERGENCY CONTACT — PHONE

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— SECTION 03 · MEDICAL HISTORY

## Health background.

*Check anything that applies. This information stays confidential — disclosed conditions help me adjust technique and aftercare for your safety.*

Currently on blood thinners

Diabetes

Epilepsy / seizures

Heart condition / pacemaker

Hemophilia / bleeding disorder

Eczema, psoriasis, or keloid scarring

Hepatitis (A / B / C)

HIV / AIDS

Pregnant or breastfeeding

Recent surgery (last 6 months)

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Currently on antibiotics

None of the above

ALLERGIES (LATEX, DYES, ANTIBIOTICS, ETC. — OR WRITE NONE)

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CURRENT MEDICATIONS (OR WRITE NONE)

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ANYTHING ELSE MEDICALLY RELEVANT

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#### — SECTION 04 • DAY-OF CONFIRMATION

### Pre-session confirmation.

*Initial each line. If you cannot honestly confirm all of these, we will reschedule for your safety.*

I have not consumed alcohol or recreational drugs in the past 24 hours. INITIAL \_\_\_\_\_

I have eaten a full meal within the past 4 hours and am well-hydrated. INITIAL \_\_\_\_\_

I am well-rested and feel physically able to sit for my scheduled session. INITIAL \_\_\_\_\_

I have read and understand the aftercare guide and agree to follow it. INITIAL \_\_\_\_\_

#### — SECTION 05 • ACKNOWLEDGMENTS

### What I understand.

*Read each statement carefully and initial each line.*

I am 18 years of age or older and have provided valid government-issued ID. INITIAL \_\_\_\_\_

I understand that tattoos are permanent. Removal is expensive, painful, and never fully complete. INITIAL \_\_\_\_\_

I understand the inherent risks of tattooing — including infection, allergic reaction, scarring, fading, color shift over time, and asymmetry in healed results compared to fresh work. INITIAL \_\_\_\_\_

I have disclosed all relevant medical conditions, medications, and allergies above to the best of my knowledge. INITIAL \_\_\_\_\_

I take full responsibility for following aftercare. I understand improper aftercare may cause infection, fading, or scarring, and the artist is not liable for outcomes from my failure to follow the protocol. INITIAL \_\_\_\_\_

I have had the opportunity to ask questions about the procedure, and any questions I have asked have been answered to my satisfaction. INITIAL \_\_\_\_\_

#### — SECTION 06 • RELEASE OF LIABILITY

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## Legal release.

By signing this document, I, the undersigned, voluntarily release and hold harmless **Jeremiah A. Wright** (operating as **Limitless Tattoo**), Miami Tattoo Company, and any associated parties from any and all claims, demands, causes of action, or liabilities arising from or related to the tattoo procedure performed, including any complications resulting from my failure to disclose relevant medical information or my failure to follow aftercare instructions.

I acknowledge that I am entering into this agreement of my own free will and am not under the influence of alcohol or drugs. I have read this document in full, understand its contents, and accept its terms as a legally binding release.

### — SECTION 07 • PHOTO RELEASE (OPTIONAL)

## Permission to share.

I authorize Limitless Tattoo / Jeremiah A. Wright to photograph or video-record the completed tattoo and to use those images and recordings for portfolio, social media (Instagram, TikTok, and similar platforms), website, and promotional materials.

I understand that no compensation will be provided for the use of these images, and that my face and identity will not be shown in posted photos unless I separately authorize it below.

YES — I grant photo & marketing release as described above.

INITIAL \_\_\_\_\_

YES — Optional add-on: my face/identity may also be shown.

INITIAL \_\_\_\_\_

### — SECTION 08 • SIGNATURE

## Sign and date.

*By signing below I confirm everything written and initialed above is true and accurate to the best of my knowledge.*

CLIENT SIGNATURE

DATE

\_\_\_\_\_  
\_\_\_\_\_

PRINT NAME

\_\_\_\_\_  
\_\_\_\_\_

ARTIST SIGNATURE

DATE

\_\_\_\_\_  
\_\_\_\_\_

Limitless Tattoo · Jeremiah A. Wright · Miami Tattoo Company, South Florida