**Tā moko consent form**

**Client Information:**

* Name:
* Date of Birth:
* Address:
* Phone Number:
* Email Address:

**Emergency Contact Information:**

* Name:
* Relationship:
* Phone Number:

**Tattoo Information:**

* Design Description:
* Placement on Body:
* Size:

**Medical History:**  
Do you have any of the following conditions? (Please circle yes or no)

* Diabetes: Yes / No?

If yes, please list:

* Do you have any allergies: Yes / No?

If yes, please list:

* Skin conditions (e.g., eczema, psoriasis): Yes / No?

If yes, please list:

* Blood disorders (e.g., hemophilia): Yes / No?

If yes, please list:

* Heart condition: Yes / No?

If yes, please list:

* Are you currently taking any medications? Yes / No?  
  If yes, please list:
* Are you pregnant or nursing? Yes / No?

**Consent and Agreement**  
I, the undersigned, confirm that I am over 18 years of age and voluntarily consent to the application of the tattoo described above. I understand the risks involved, including potential skin irritation, infection, or allergic reactions, and agree that it is my responsibility to follow all aftercare instructions provided by the artist.

I release Maioro Concepts and its employees from any liability related to this tattoo and any future consequences that may arise from it.

**Signature:**    
**Date:**

Thank you for choosing Maioro Concepts. We are committed to providing you with a safe and enjoyable tattoo experience!

***Email this form to Jacob Tautari at*** [***maioroconcepts@gmail.com***](mailto:maioroconcepts@gmail.com) ***to register your interest for Tā moko.***