

**RITUAL TATTOO & PIERCING**

**– Declaration of Consent –**

Name: .....

ID Nr.: .....

Date of Birth: .....

Phone: .....

E-mail: .....

**I declare under penalty of perjury (under the laws of Hungary)**

- I am asking for the tattooing/piercing procedure to be carried out on me from my own will without any external influence;
- I have received and understood the necessary information about the procedure, risks and possible consequences;
- I have read, understood and accepted the information sheet given to me;
- I also understand and accept that even though the aftercare will be carried out in a proper way, certain consequences may occur that prolong the healing period – i.e. bleeding, swelling, numbing, allergic reactions, etc,

**I also declare the following:**

- I have no contagious dermatological illnesses nor STD nor any other reason that would not allow the tattooing or piercing procedure to take place;
- I am not under the influence of alcohol nor drugs;
- I am aware of the possible pain the procedure might cause
- I am over 18 years of age that I can prove by an official ID and fully aware of my decisions. I give me consent to the procedure due to my own will and risk, understood the information that was given to me by the Ritual Tattoo Team and I am under no form of any pressure or force. I understood and accepted that under 18 years of age in all cases the presence and consent of a legal caretaker is required together with a valid ID.

Based on the above mentioned paragraphs I am asking for the tattooing/piercing procedure to be carried out on me.

Place, Date and Signature: \_\_\_\_\_