

Piercing Consent Form

Date

Name of Client

DOB

Age

Name of Parent/Legal Guardian Granting Permission for the Piercing (if applicable)

Email

Phone

Please have your ID out, read & initial each section below:

- _____ I acknowledge that I have represented to the piercer that I, whether the client or parent/guardian of a client who is a minor, am over the age of 18 years.
- _____ I acknowledge that I am not under the influence of drugs or alcohol, that I do not have any physical, mental, or medical impairment or disability which might affect my well-being as a direct or indirect result of my decision to have a piercing done at this time.
- _____ I am not pregnant or nursing. I do not have epilepsy or hemophilia. I do not suffer from any heart conditions or take medication that thins the blood.
- _____ If I suffer from hepatitis or any other communicable disease, I have informed the piercer of this fact & I have been advised of any procedures necessary to promote the satisfactory healing of my piercing.
- _____ I do not suffer from medical or skin conditions such as, but not limited to keloids or hypertrophic scarring, psoriasis at the site of the piercing, or any open wounds or lesions at the site of the piercing.
- _____ I have advised the piercer of any allergies to metals, latex gloves, soaps, & medications. I acknowledge it is not reasonably possible for the piercer to determine whether I might have an allergic reaction to the piercing or processes involved in the piercing & further acknowledge that such a reaction is possible.
- _____ I acknowledge that obtaining this piercing is my choice alone & will result in a permanent change to my appearance & that no representation has been made to me as to the ability to later restore the skin involved in this piercing to its pre-piercing condition.
- _____ I acknowledge infection is always possible by obtaining a piercing. I have received aftercare instructions & I agree to follow all of them while my piercing is healing.
- _____ I understand I will be pierced using appropriate instruments & sterilization.
- _____ I hereby permit *Pinned by Dana* to pierce the indicated types/locations below:

By signing below, I understand the general nature & risks associated with the piercing service & voluntarily elect to receive the service by *Pinned by Dana*. I agree that I am over the age of 18, or am the parent/legal guardian of a minor seeking a piercing service & can contract in my/his/her/name. I agree that I will not hold *Pinned by Dana* liable in any way for any loss, damage, or injury suffered by me as a consequence of an undesired result or allergy, whether known or unknown, nor my failure to accurately or truthfully disclose any medical conditions.

Signature

Date