

## PIERCING CONSENT RELEASE FORM

PLEASE READ AND CHECK THE BOXES WHEN YOU ARE CERTAIN YOU UNDERSTAND  
THE IMPLICATIONS OF SIGNING THIS DOCUMENT

In consideration of receiving piercing from \_\_\_\_\_, the practitioner  
(Name of Practitioner)  
located at \_\_\_\_\_.  
(Name of Body Art Business)

I confirm the following:

\_\_\_ All questions about the body piercing procedure have been answered to my satisfaction, and I have been given written aftercare instructions for the body piercing I am about to receive.

\_\_\_ I have been informed about what I can expect following the body piercing listed on the informed body piercing consent form, including medical complications that may occur following this body piercing.

\_\_\_ I understand that body piercing can result in nerve damage, bone and tooth loss, and that if I choose to remove my jewelry, permanent holes or scars may be left.

\_\_\_ I am the person on the legal ID presented as proof that **I am at least 18 years of age**, or the body piercing will be performed in the presence of my parent or legal guardian.

\_\_\_ I am not under the influence of **alcohol or drugs** and that I am voluntarily submitting to body piercing without duress or coercion.

\_\_\_ I understand there is a possibility of an allergic reaction to the jewelry inserted into the fresh body piercing.

\_\_\_ I understand there is a possibility of getting an infection, and I have been advised of the signs and symptoms of infection that indicate a need to seek medical attention.

\_\_\_ I agree to follow all instructions concerning the care of my **body piercing**.

\_\_\_ I understand that there is a chance I might feel lightheaded or dizzy during or after being pierced.

\_\_\_ I agree to immediately notify the body piercer in the event I feel lightheaded, dizzy and/or faint before, during or after the procedure

I, \_\_\_\_\_ have been fully informed of the risks of body piercing including but not limited to infection and other medical complications, allergic reactions to metal jewelry, latex gloves, and antibiotics. Having been informed of the potential risks associated with receiving a body piercing, and I still wish to proceed with the procedure. I assume any and all risks that may arise from the body piercing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Procedure description: \_\_\_\_\_

Artist: \_\_\_\_\_

# TATTOO CONSENT RELEASE FORM

I acknowledge by signing this release form that I have been given the full opportunity to ask any and all questions I might have about obtaining a tattoo from \_\_\_\_\_. I acknowledge that all my questions have been answered to my full and total satisfaction. I specifically acknowledge that I have been advised of the facts and matters set forth below, and I agree as follows:

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

\_\_\_\_\_ I do not have acne, freckles, moles, or sunburn in the area to be tattooed that might be agitated by the tattoo process (healing excluded).

\_\_\_\_\_ I have looked over my design, checked the spelling if applicable, and give my full consent to the application of my tattoo.

\_\_\_\_\_ I acknowledge that I am not pregnant.

\_\_\_\_\_ I acknowledge that I am free of communicable disease.

\_\_\_\_\_ I acknowledge that I have truthfully represented to the associates, agents and representatives of \_\_\_\_\_ that I am over eighteen (18) years of age.

\_\_\_\_\_ I acknowledge it is not reasonably possible for the associates, agents and representatives of \_\_\_\_\_ to determine whether I might have an allergic reaction to the dyes, pigments, or processes used in my tattoo and I agree to accept that such risks are possible.

\_\_\_\_\_ I acknowledge that infection is always possible as a result of obtaining a tattoo particularly in that event that I do not take proper care of my tattoo, and I have been advised of the signs and symptoms of infection that indicate a need to seek medical care.

\_\_\_\_\_ I acknowledge receipt of written instructions advising me of proper care of my tattoo and recognize the absolute necessity of following those written instructions. All questions about the body art procedure have been answered to my satisfaction.

\_\_\_\_\_ I acknowledge that variations in color and design may exist between any tattoos as selected by me and as ultimately applied to my body.

\_\_\_\_\_ I acknowledge that tattooing is a permanent change to my appearance and that no representations have been made to me as to the ability to later change, alter or remove my tattoo.

\_\_\_\_\_ I acknowledge that the obtaining of my tattoo is my choice alone and I consent to the application of the tattoo and to any actions or conduct of the associates, agents or representatives of \_\_\_\_\_ that are reasonable necessary to perform the tattoo procedure.

\_\_\_\_\_ I agree to release and forever discharge and forever hold harmless \_\_\_\_\_ and its associates, agents officers and shareholders from any and all claims, damages, or legal actions arising from or connected in any way with my tattoo or the procedures and conduct used to apply my tattoo and any and all tattoos applied by \_\_\_\_\_ and its associates, agents and representatives in the future.

\_\_\_\_\_ I acknowledge that tattoo inks, dyes and pigments have not been approved by the federal Food and Drug Administration and the health consequences of using these products are unknown.

\_\_\_\_\_ I acknowledge that there is a chance I might feel lightheaded, dizzy during or after being tattooed. I agree to immediately notify the practitioner in the event I feel lightheaded, dizzy and/or faint before, during or after the procedure.

\_\_\_\_\_ I agree to follow all instructions concerning the care of my tattoo, and that any touch-ups needed because of my own negligence will be done at my own expense.

I, \_\_\_\_\_ have been fully informed of the risks of tattooing including but not limited to infection, scarring, difficulties in detecting melanoma, and allergic reactions to tattoo pigment, latex gloves, and antibiotics. Having been informed of the potential risks associated with getting a tattoo, I still wish to proceed with tattoo application and I assume any and all risks that may arise from tattooing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Procedure description: \_\_\_\_\_

Artist: \_\_\_\_\_

**PARENTAL PIERCING/TATTOO CONSENT RELEASE FORM**

I acknowledge by signing this release form that I hereby release \_\_\_\_\_ and its employees and agents from all manner of liabilities, claims, actions, and demands, in law or in equity, which I or my heirs have or might have now or hereafter by reason of complying with my request to pierce by child.

I certify that I am the **parent** or **legal guardian** of the **minor** receiving the piercing and/or tattoo. I agree that I will assume all responsibility for any medical, legal, or other situation resulting from my request to pierce/tattoo my child. I understand that I must remain in the presence of this minor during piercing/tattooing procedures.

I understand that my child will be pierced/tattooed using appropriate instruments and techniques. I understand that this type of piercing usually takes \_\_\_\_\_ or longer to heal. I have signed this release on \_\_\_\_\_, 20\_\_\_\_\_.

Adult's relation to Minor: \_\_\_\_\_  
\_\_\_\_\_

Attach copies of ID for both the minor and parent/guardian to this form.

Explain the manner in which the procedure will be performed and the specific part of the body upon which the procedure will be performed:

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

I certify under penalty of perjury that the information herein is true and correct.

Adult's Signature: \_\_\_\_\_

Minor's Signature: \_\_\_\_\_

# Client Record

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Parental Consent: Yes NA Date: \_\_\_\_\_

**PLEASE CIRCLE ANY CONDITIONS LISTED BELOW THAT APPLY TO YOU**

- |          |                                    |                       |                                   |
|----------|------------------------------------|-----------------------|-----------------------------------|
| TB       | EPILEPSY                           | BLOOD THINNERS        | SCARRING/KELOIDING                |
| HIV      | ASTHMA                             | ECZEMA/PSORIASIS      | GONORRHEA/SYPHILIS                |
|          | HEPATITIS                          | HEART CONDITION       | MRSA/STAPH INFECTIONS             |
| HERPES   | HEMOPHILIA/OTHER BLEEDING DISORDER | PREGNANT/NURSING      | ALLERGIC REACTIONS TO LATEX       |
| DIABETES | SKIN CONDITIONS                    | FAINTING OR DIZZINESS | ALLERGIC REACTIONS TO ANTIBIOTICS |

How long has it been since you last ate? \_\_\_\_\_

Do you have any allergies? \_\_\_\_\_

Do you use any medications or have any medical/skin conditions that may affect the healing of the body art you wish to receive? \_\_\_\_\_

Is there any information you feel you should provide to the body artist? \_\_\_\_\_

## **PROCEDURE:**

### **Tattoo**

Location of tattoo: \_\_\_\_\_

Colors, Manufacturer, and Lot Numbers of all inks used:

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

### **Piercing**

Location of piercing: \_\_\_\_\_

Jewelry used including size, material composition, and manufacturer:

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

Body Artist Signature: \_\_\_\_\_ Client Signature: \_\_\_\_\_

**Attach to this page copies of clients ID and any packaging showing lot numbers, date sterilized, etc. from all instruments or equipment used during this procedure.**





