

PINSTRUCK TATTOOS

PIERCING RELEASE FORM

Client Name _____

Date _____

Address _____ City, State, Zip _____

Phone _____

Have you had Jaundice or Hepatitis in the last year? _____

Did you have any medical condition which might warrant any special attention? _____

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PLEASE READ THE FOLLOWING STATEMENTS AND INITIAL IN EACH SPACE FOLLOWING EACH STATEMENT. THEN SIGN AND DATE AT THE BOTTOM.

I certify that I'm in good health and I'm aware of the following risks associated with the piercing process which include but are not limited to:

- 1) The likelihood of pain and/or discomfort _____(int)
- 2) The possibility of an allergic reaction to the material used _____(int)
- 3) The possibility of infection during the healing process _____(int)

I also certify that:

- 4) I am at least 18 years of age _____(int)
- 5) I am not under the influence of alcohol and/or any other mind altering substance which may affect my judgment at the time _____(int)
- 6) I understand that i will be pierced using sterile techniques and instruments _____(int)
- 7) I have read, received a copy of and fully understand the recommended after care instructions _____(int)
- 8) I hereby release PINSTRUCK TATTOOS and/or any of it's agents of any liabilities, expressed or implied and give my permission for this piercing to be applied _____(int)

Client Signature _____ Today's Date _____

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Piercer _____ Clients date of birth _____

Location _____ Clients age _____

Price _____ Clients ID# Type and State _____