

Minor Consent to Pierce & Release of Claims



I _____, the parent/legal guardian of _____
 Induce _____ to pierce my
 son and/or daughter. In consideration of doing so, I fully understand THE PIERCER DOES
 NOT ACT AS A MEDICAL PROFESSIONAL. Any suggestion are made to me are NOT to be
 construed as/or substituted from advice from a medical professional. I acknowledge by signing
 this Release I have been given the full opportunity to ask any and all questions which I might
 have about obtaining a piercing and all my questions have been answered to my full and total
 satisfaction. I acknowledge I have been advised of the matters set forth below as of the matters
 set forth below and I agree as follows:

- My child is pregnant or nursing, he/she does not have epilepsy or hemophilia. He/She does not suffer from any heart conditions or take medications that thin the blood. I have informed the piercer of any heart conditions or take medication which thins the blood. I have informed the piercer of any condition such as diabetes that might hamper healing of the piercing.
- If he/she suffers from hepatitis, or any other communicable disease, I have informed the Piercer of this fact and I have been advised of any procedures necessary to promote the satisfactory healing of his/her piercing.
- He/She does not suffer from medical or skin conditions such as but not limited too: keloid or hypertrophic scarring, psoriasis at the site of the piercing or any open wounds or lesions at the side of the piercing.
- I have advised the Piercer of any allergies to metals, latex gloves, soaps and medications. I acknowledge it is not reasonably possible for the piercer to determine whether He/She might have an allergic reaction to the piercing or processes involved in the piercing and further acknowledgement that such a reaction is possible.
- My Child is not under the influence of drugs or alcohol. To my knowledge, He/She does not have any physical, mental or medical impairment or disability which might affect his/her well-being as a direct or indirect result of my decision to have a piercing done at this time.
- I acknowledge that obtaining this piercing is my child's choice alone and will result in a permanent change to his/her appearance, and 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 as a result of obtaining a piercing. My child and I have received aftercare instructions and we agree to follow all of them while the piercing is healing.
- I acknowledge infection is always possible as a result of obtaining a piercing. I have received aftercare instructions and I agree to follow all of them while my piercing is healing.
- I understand he/she will be pierced using appropriate instruments and sterilization.

Therefore, I request the Piercer to pierce my son/daughter's _____ . I understand this type of piercing usually takes _____ or longer to heal. I agree to release and forever discharge and hold harmless the Piercer and all employees from any and all claims, damages or legal actions arising from or connected in any way with his/her piercing, or the procedure and conduct used in his/her piercing.
 By my signature below, I certify that I am the Parent/Legal Guardian of _____ who is willingly submitting to these procedures.

(Parent/Legal Guardian) Print Name: _____ Signature: _____

(Piercee) Print Name: _____ Signature: _____

Date: _____ Parent/Legal Guardian Photo ID: COPY ON BACK OF THIS FORM

NOTARY SIGNATURE:

NOTARY STAMP:

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