CONSENT TO PIERCE
RELEASE AND WAIVER OF ALL CLAIMS

I acknowledge by signing this Release that I have been given full opportunity to ask any and all questions I might have about piercing my _____, and that all my questions have been answered to my full satisfaction. I specifically acknowledge that I have been advised of the facts and matters set forth below and I agree as follows:

1) I am not pregnant or nursing. I am not under the influence of alcohol or drugs. I do not have epilepsy, or hemophilia. I do not suffer from any heart conditions or take medication that thins the blood. I have informed my Piercer of any condition, such as diabetes, that might hamper the healing of the piercing.
2) If I have hepatitis or any other communicable disease, I have informed my Piercer of this fact and have been advised of any procedures necessary to promote the satisfactory healing of my piercing.
3) I do not have medical or skin conditions such as, but not limited to: keloid or hypertrophic scarring, psoriasis at the sight of the piercing or any open wounds or lesions at the site of the piercing.
4) I have advised my Piercer of any allergies to metals, latex gloves, soaps and medications. I acknowledge it is not reasonably possible for my Piercer to determine whether I might have an allergic reaction to the piercing or processes involved in the piercing and further acknowledge that such a reaction is possible.
5) I acknowledge that this piercing will result in a permanent change to my 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. To my knowledge, I do not have any physical, mental or medical impairment or disability that might affect my well being as a direct or indirect result of my decision to have a piercing done at this time.
6) I acknowledge that infection is always possible as a result of a piercing. I have received aftercare suggestions and agree to care for my piercing to the best of my ability.
7) I understand that I will be pierced using appropriate instruments and sterilization techniques.
8) I have truthfully represented to _____ that I am 18 years of age and that obtaining a piercing is by my choice alone.

Therefore, I request that my _____ be pierced. I agree to release and forever discharge and hold harmless _____, and all employees from any and all claims, damages or legal actions arising from or connected in any way to my piercing and conduct used in my piercing.

Name – Print legibly	Signature		
Address	City	State	Zip
Date of birth	Age as of today		
E-mail Address	Today's date		

Name of Practitioner (Print Legibly): Signature of Practitioner: