PIERCING CONSENT FORM ADULT (18 YEARS OF AGE OR OLDER) read, and understand the pre-piercing educational material issued to me by

I have received, read, and understand the pr		
This salon. SIGNED Customer Name	DAIE/	/
Address		SCA
CITY S'	TATE ZIP)
CITYST	Phone ()	
Address	· · · · · · · · · · · · · · · · · · ·	
AddressPersonal Physician's Name	Phone ()	
PLEASE ANSWER THE FOL MAY SER Do you have a history of bleeding disorders	EVE YOU BETTER	SO THAT WE Yes or No
Do you have any know allergies? If yes exp	plain	Yes or No
Have you eaten within the last few hours?		Yes or No
Have you consumed any alcohol or drugs v	vithin the past 8 hours?	Yes or No
OFFICE USE ONLY Body parts / Loc	cation of piercing	
Jewelry Type, gauge, And Size		
Complications during piercing procedure (i	if any)	
PIERCER'S PRINTED NAME	PIERCER'S	SSIGNATURE
I have provided documented proof that I am 18 information or produce false documents stating for prosecution. Further certify that I am not int hereby release this studio, independent contract manner and type of liability and claim, Action, demand or compensation, in law and exhereafter by reason of any request to be pierced sound mind. I also agree to follow to procedure for the proper care of my piercing. This is a leg	my name and age to be other then contoxicated or under the influence of any cor, and any and all employees and agraphity, which I or my heirs have or might. I make these statements entirely of respectively.	rrect, then I am liable y drug or alcohol, I ents from any and all tht have, now or my own free will and
CLIENT SIGNATURE	DATE	/
PHOTO -I.D TYPE/ NUMBER		