

ADULT PIERCING CONSENT FORM

I acknowledge by signing this consent form I have been given the full opportunity to ask any and all questions which I might have about obtaining a piercing from _____ (hereinafter known as the "Piercer") 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 and I agree as follows:

1. If I am pregnant or nursing or have any condition that might affect the healing of this piercing, I will inform my Piercer.
2. I do not suffer from medical or skin conditions such as, but not limited to: keloid or hypertrophic scarring, psoriasis at the site of the piercing or any open wounds or lesions at the site of the piercing.
3. 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 I might have an allergic reaction to the piercing or processes involved in the piercing and further acknowledge that such a reaction is possible.
4. I have trustfully represented to the Piercer I am over the age of 18 years. I am not under the influence of drugs or alcohol. To my knowledge, I do not have any physical, mental or medical impairment or disability which might affect my well-being as a direct or indirect result of my decision to have a piercing done at this time.
5. I acknowledge that obtaining this piercing is my choice alone and 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.
6. 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.
7. 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.
8. 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.
9. I understand I will be pierced using appropriate instruments and sterilization.

Therefore, I request the Piercer to pierce my _____. 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 my piercing, or the procedure and conduct used in my piercing.

Client Signature: _____ **Date:** _____

Print Name: _____

Address: _____