

Body Piercing by Bink, LLC

CONSENT TO PIERCER AND RELEASE WAIVER OF ALL CLAIMS

Name: _____

Age: _____ D.O.B.: _____ *Race: _____ *Sex: _____

Address: _____

Phone(s) #: _____

E-mail: (**only if you'd like to receive the shop's newsletter**) _____

* Demographic information is required by the state and is kept confidential.

I acknowledge by signing this release that I have been given the full opportunity to ask any and all questions which I might have about obtaining a piercing from BODY PIERCING BY BINK (hereafter called "Piercer") and that all of my questions have been answered to my full and total satisfaction. I specifically acknowledge that I have been advised of the matters set forth and agree as follows: **(please initial each statement on the line)**

* If I am pregnant or nursing I have discussed this with my Piercer. _____

* If I suffer from any medical condition that may hinder my healing of this piercing, I have informed and discussed this with my Piercer. _____

* I do not have any medical or skin conditions such as, but not limited to, MRSA, bleeding disorders, keloid, hypertrophic scarring, psoriasis, or open wounds or lesions at the site of the piercing. _____

* I have advised the Piercer of any allergies including metals, latex, 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 I further acknowledge that such a reaction is possible. _____

* I have truthfully represented to the Piercer that I am over the age of 18 years OR have provided notarized parental consent. _____

* 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. _____

* I acknowledge that obtaining my piercing is my choice alone and will result in a permanent change to my appearance. I have not been told that the skin involved in the piercing can be restored to pre-piercing condition. _____

* I acknowledge that infection is always possible as a result of obtaining a piercing, and I agree to follow all instructions concerning the care of my piercing while it is healing. _____

* I understand I will be pierced using sterile instruments and jewelry using aseptic techniques. _____

* If I plan to take pictures or video of the piercing procedure, I have informed my Piercer beforehand. I agree to give my Piercer the ability to approve pictures or video BEFORE I or someone else posts on the internet. _____

Therefore, I request the Piercer to perform the below piercing. I understand this type of piercing usually takes the stated amount of time 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 or connected in any way with my piercing, or the procedure and conduct used in my piercing.

Emergency Contact: _____

OR

911

Address: _____

Phone: _____

Doctor's Name: _____

OR

Dept. of Health

Walk-in Clinic

University Health Center

Address: _____

Phone: _____

How did you hear about the shop? _____

Have you eaten within the past 4 hours. _____ OR Glucose Tab _____

Do you have to take prophylactic antibiotics before dental procedures? _____ (oral piercing only)

Do you have any allergies including (but not limited to) Iodine, Chloroxylonol, Bacitracin, BZK, Latex, or other topical chemicals? _____

Date:	Location:	Healing:	Jewelry:

I have received both verbal and written education and information regarding my piercing. I understand that I may have a copy of this statement if I choose to request it.

Signature: _____

Parent/Guardian: _____

Notary: _____

Piercer: _____