THUNDER VOLT TATTOO

To Allow _________and in consideration of all its doing. I hereby release him and all agents from all manner of liabilities, claims, actions, and demands, in law or equity which I or my heirs have or might now or hereafter by reason of complying with my request to be pierced. I understand that I will be pierced using appropriate instruments and techniques to ensure proper healing of my piercing(s) and I agree to follow the procedures outlined in the suggested aftercare instructions until healing is complete. I understand that this type of piercing usually takes _______(insert length of time it usually takes for this type of piercing to heal) or longer to heal.

YOU MUST BE AT LEAST 18 YEARS OLD

Please Print			
Name:			
Phone:	City		
State/Province:	Zip/Postal Code:	Date of Birth:	
Age			

(Note: You must show valid government identification before you will receive your piercings.)

Signature:
Date:
Where did you hear about our studio?

Would you like to be on our e-newsletter mailing list? (Note that by giving us your email address you give us permission to contact you. You can opt out at any time by using the opt-out link in the e-newsletter.) If so, please provide your email address here:______

Must Read and Sign if jewelry was not purchased at ______(insert name of studio). New piercings require jewelry that is a high-quality metal such as stainless steel 316L,316LVM, or Titanium Grade 23. If you have purchased your jewelry elsewhere, we cannot guarantee that your jewelry is of this quality. Lowquality jewelry contains materials that are toxic to the body. Due to this fact, you agree that ______(insert name of studio) or any of its subcontracted employees will not be held responsible for any problems that could arise from using jewelry not purchased at ______(insert name of studio)

Signature:	
Print name:	