

Virgin Ink Tattoo Studio
802 E Fillmore Street Colorado Springs, CO 80907
Work # 719-375-5087
Virgininktattoos@gmail.com

ADULT PIERCING CONSENT

I acknowledge by signing this Release 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:

Please Initial blank box area

_____ - I am not pregnant or nursing. If I have any condition that might affect the healing of this piercing, I will inform my Piercer.

_____ - 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.

_____ - 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.

_____ - I have trustfully represented to the Piercer I am at least the age of 18 years of age or older. 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 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.

_____ - 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.

_____ - I understand I will be pierced using appropriate instruments and sterilization. Therefore, I request the Piercer to pierce my _____.

_____ - I WAIVE AND RELEASE to the fullest extent permitted by law any person of Virgin Ink Tattoo Studio from all liability whatsoever, including but not limited to, any and all claims or causes of action that I, my estate, heirs, executors or assigns may have for personal injury or otherwise, including any direct and/or consequential damages, which result or arise from the

procedure and application of my piercing, whether caused by the negligence or fault of either the customer or Virgin Ink Tattoo Studio, or otherwise.

_____ - I do not suffer from medical conditions such as but not limited to HIV, hepatitis B or C, herpes, diabetes, epilepsy, hemophilia, heart condition(s), nor do I take blood thinning medication. I do not have any other medical or skin condition that may interfere with the procedure, application or healing of the tattoo. I am not the recipient of an organ or bone marrow transplant or, if I am, I have taken the prescribed preventative regimen of antibiotics that is required by my doctor in advance of any invasive procedure such as tattooing or piercing. I am not pregnant or nursing. I do not have a mental impairment that may affect my judgement in getting the piercing.

I understand this type of piercing usually takes 6 to 8 weeks or longer depending on the part of the body 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.

Signature: _____ Print _____ Date _____

Address: _____ DOB _____

Driver's License # _____ State: _____ Expiration date: _____

_____ I, received verbal and written documentation that includes aftercare, risk, and outcome instructions, and a copy of this consent form:

Piercing Fee \$ _____ Manager approval _____

Customer signature _____ Print _____ Date _____

Piercing Specialist signature _____ Print _____ Date _____

Expiration dates:

Lot #'s

