



Piercing Consent and Release Form

Effective: 5/1/22

Client Information

Name _____ Date of Birth _____
Address _____ City _____ Postal Code _____
Phone Number _____ Email _____
Emergency Contact _____ Emergency Contact Phone _____

HAVE YOU/ARE YOU – Please check all that apply

- | | | | |
|------------------------------------|---|--|-----------------------------------|
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> HEART PROBLEMS | <input type="checkbox"/> BLOOD DISORDERS | <input type="checkbox"/> PREGNANT |
| <input type="checkbox"/> HEPATITIS | <input type="checkbox"/> SEIZURES | <input type="checkbox"/> BLOOD THINNERS | <input type="checkbox"/> NURSING |
| <input type="checkbox"/> DIABETES | <input type="checkbox"/> INFECTIONS | <input type="checkbox"/> FAINT OR DIZZY | |

Are there any other known allergies, medications, medical conditions, or contagious diseases that may affect your piercing procedure? _____

Allergies: _____ Latex _____ Metals _____ Other (please indicate) _____

Client Acknowledgements

- I acknowledge that I am free from communicable diseases.
- I acknowledge that it is not reasonably possible for the employees of Burning Giraffe to determine whether I might have an allergic reaction to processes or jewelry used in my piercing and I assume such risk is possible.
- I acknowledge receipt of written instructions advising me of proper care of my piercing and I recognize the absolute necessity for following those instructions.
- I acknowledge that a piercing is a change to my appearance and that no representation has been made to me as to the ability to later change or remove piercing, and that piercing may leave a scar when removed.
- I acknowledge that the obtaining of my piercing is my choice alone and I consent to the application of the piercing and to any actions or conduct of the employees of Burning Giraffe reasonably necessary to perform the piercing procedure.
- I agree to release and forever discharge and hold harmless Burning Giraffe and its employees from any and all claims, damages, or legal actions arising or connected in any way with my piercing or procedures and conduct used to apply my piercing.
- I have read and understand the shop policies.
- I acknowledge by signing this agreement that I have read through this form thoroughly, and that I have been given the full opportunity to ask any and all questions which I might have about the obtaining of a piercing and all of my questions have been answered to my full satisfaction.

I acknowledge that I have truthfully represented myself to the employees of Burning Giraffe and that I am at least 16 years of age (18 years of age for genital and nipple piercings) and am competent to sign this agreement or, if not, that my parent or legal guardian shall sign on my behalf, and that my parent or legal guardian is in complete understanding and concurrence with this agreement.

CLIENT SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____