

# ESSENTIAL INK

**Body Art**

TATTOOS      PIERCING

25377 Madison Ave. A-103 • Murrieta, CA 92562

## PIERCING CONSENT, WAIVER AND RELEASE FORM

This is an agreement between the piercer and the client, indicating that full communication has taken place to ensure a legal, safe and successful body piercing.

<b>NAME</b> <i>(First, Middle, Last)</i>		<b>AGE</b>	<b>DATE OF BIRTH</b>	
<b>ADDRESS</b>		<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
<b>DRIVERS LICENSE NO.</b>	<b>PHONE</b>	<b>EMAIL</b>		
<i>HOW DID YOU FIND US?</i> <input type="checkbox"/> www <input type="checkbox"/> FB <input type="checkbox"/> Yelp <input type="checkbox"/> Instagram <input type="checkbox"/> Friend		<input type="checkbox"/> <i>O.K. TO SEND TEXT MESSAGES</i>		<input type="checkbox"/> <i>PLEASE SEND EMAIL ME PROMOS &amp; APPT REMINDERS, ETC.</i>
<b>TYPE OF PIERCING/BODY PART</b>		<b>BODY PIERCER</b>		<b>PRICE</b>

### PLEASE CHECK .. YES OR NO .. CORRECTLY

#### **CONFIDENTIAL INFORMATION** *(discuss each question with the piercer)*

I am 18 years of age or older or have parental consent for this piercing	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Have you eaten within the past 4 hours	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Have you been drinking alcohol within the last 8 hours	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Are you currently taking any non prescribed drugs	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Are you prone to fainting	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Do you have any fears around medical type procedures	<input type="checkbox"/> Yes / <input type="checkbox"/> No
I have provided my own jewelry and take full responsibility for it	<input type="checkbox"/> Yes / <input type="checkbox"/> No
I understand that the piercer cannot be held responsible if my body reacts negatively to the metal of the jewelry	<input type="checkbox"/> Yes / <input type="checkbox"/> No
I understand that the piercer's suggestions are not to be confused with medical advice	<input type="checkbox"/> Yes / <input type="checkbox"/> No
I understand that I am totally responsible for looking after my piercing	<input type="checkbox"/> Yes / <input type="checkbox"/> No
I understand that sterilized jewelry and equipment and/ or single use disposables will be used for my piercing	<input type="checkbox"/> Yes / <input type="checkbox"/> No

### PLEASE INDICATE (BY CHECKING) IF ANY OF THE FOLLOWING CONDITIONS APPLY TO YOU

Heart Condition    Diabetes    Epilepsy    Pregnant    H.I.V./A.I.D.S.    Herpes    Cold Sores    Hepatitis    Keloiding  
 Cardiac Valve Disease    Seizures    Hemophilia    Heavy Bleeding    Skin Disease/Lesions    Other Communicable Diseases  
 Taking Blood Thinners    \*Have a history of medication use or currently on medicine, including antibiotics prior to dental or surgical procedures   \*If so, what? \_\_\_\_\_

**KNOWN ALLERGIES OR REACTIONS TO:**    \*Antibiotics    Pigments or Dyes    Metal    Soaps    Disinfectants    Latex Gloves  
\*If so, what? \_\_\_\_\_

### OFFICE USE ONLY

On Arrival & Pre Procedure \_\_\_\_\_

Special Circumstances/ Considerations \_\_\_\_\_

During Procedure \_\_\_\_\_

Post Piercing \_\_\_\_\_

Jewelry Used   **GAUGE:** \_\_\_\_\_   **SIZE:** \_\_\_\_\_   Add On **METAL:** \_\_\_\_\_   **STYLE:** \_\_\_\_\_

Needle Used   **GAUGE:** \_\_\_\_\_   **LOT:** \_\_\_\_\_   **EXP:** \_\_\_\_\_

Aftercare Instructions Given    Aftercare Product Given    Return Appointment Advised

*Body Piercer's Signature* \_\_\_\_\_ *Dated* \_\_\_\_\_

\*The piercer's signature is assurance of correct procedure, sterilization, and client education

**WAIVER, RELEASE AND CONSENT TO PIERCING**

I being at least 18 years of age and of sound mind and body, hereby release any and all persons, agents, or employees representing Essential Ink Body Art of California, Inc. from any and all responsibilities. I accept all responsibility for all consequences that may stem from my decision to have any piercing/body art related work performed at Essential Ink Body Art of California, Inc.

I, my heirs, assigns or any legal representatives agree not to sue Essential Ink Body Art of California, Inc., its agents, owners or employees in connection with any and all damages, demands, claims, rights and causes of any action of any kind based upon property loss or damages, injuries or death as a result of my decision to have any piercings performed on me.

I agree to hold Essential Ink Body Art of California, Inc. and its representatives harmless of all damages, actions, causes of action, claims, judgments, costs of litigation, attorney's fees and all costs and expenses which could arise from my decision to have piercing/body art procedures done at Essential Ink Body Art of California, Inc.

I understand that body piercing can leave permanent scars. Furthermore, I understand that it is my responsibility to follow all instructions concerning the aftercare of my new piercing while it is healing. Failure to do so could result in improper healing or infection of my piercing.

In addition, I give Essential Ink Body Art of California, Inc. permission to copyright and/or publish photographs of my body art performed at said establishment.

*If you are under 18 years old, you will need to have a parent or legal guardian present, and provide the following information...*

**MINORS**

Minors must have a parent or legal guardian to be pierced/have jewelry changed/have piercings stretched. You must also provide proof of relationship.

The following are acceptable ID: Any of the forms of acceptable identification listed above from both parent and minor on which either last names or addresses match. A school issued photo ID or yearbook picture AND a birth certificate is acceptable identification for minors younger than 17.

**PLEASE NOTE**

If the parent has a different last name and address than the minor then legal documentation (birth certificate, marriage certificate, divorce papers, adoption papers, etc.) must be provided to verify the relationship. If the legal guardian is not the parent, the adoption papers must be provided to verify the guardian's legal right to sign for the minor.

**PIERCING RESTRICTIONS FOR MINORS**

14+ : We will pierce most common piercings (navel, lip, cartilage, nose, etc).

16+ : In addition to the above, we will also pierce a tongue.

We do NOT under any circumstances perform genital or nipple piercings on any minor! **NO EXCEPTIONS!**

**STATEMENT OF CONSENT**

This is to certify that I, the above named and undersigned, do give my permission to be pierced at Essential Ink Body Art of California, Inc. I have answered all of the above questions truthfully. I have read and understood the above waiver. I am fully aware of and take full responsibility for the piercing process, the healing and the daily aftercare procedure.

**SIGNATURE**

**TODAY'S DATE**

**UNDER AGE RELEASE AND CONSENT FOR BODY PIERCING**

I, (print) \_\_\_\_\_, being the parent/legal guardian of \_\_\_\_\_  
I and my minor have read the above information and understand all the implications. We have provided the appropriate identification to Essential Ink Body Art of California, Inc. I do hereby give my consent to have an upper body piercing (*excluding nipples and genital piercings*) done on this minor.

**This consent is only for piercing, and not tattoos. Must be 18 to be tattooed in the state of California.**

**PARENT/LEGAL GUARDIAN SIGNATURE**

**TODAY'S DATE**