FIREHOUSE TATTOO

4151 M.L. KING JR. BLVD

INITIAL CONSENT TO BODY PIERCINGS RELEASE AND WAIVER OF ALL CLAIMS

**PLEASE INITAIL EACH SYMPTOM THAT YOU DO NOT HAVE, JUST SO WE KNOW YOU READ THIS FORM THOUROUGHLY! IF YOU DO, LEAVE BLANK.**

**\_\_EPILEPSY \_\_HEMOPHILIA \_\_ECZEMA/PSORIASIS \_\_INFECTIONS**

**\_\_T.B. \_\_SCARRING/KELOID \_\_HERPES \_\_ASTHMA**

**\_\_HEPATITIS \_\_PREGNANT \_\_NURSING \_\_BLOOD THINNERS**

**\_\_DIABETES \_\_HIV/AIDS \_\_HEART CONDITION \_\_FAINT or DIZZY**

**How long has it been since you last ate? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**List all medications you are currently taking.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you have any allergies? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are there any other known medical conditions or contagious diseases that may affect your body piercing procedure? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*I hereby certify that to the best of my knowledge this information is true and correct.**

**\*All questions about my piercing have been answered to my complete satisfaction.**

**\*I certify that I am at least 18 years of age.**

**\*I am not under the influence of alcohol or drugs.**

**\* I understand that there is a possibility of an allergic reaction.**

**\*I understand that there is a possibility of an infection.**

**\*I understand that there is the possibility of extensive swelling of the area being pierced, and**

 **The amount of swelling varies per person; the piercer will account for swelling to the best of**

 **his or her ability.**

**\*I AGREE to the artist placement of the said piercing.**

**\*I understand that there is a chance I might feel light headed or dizzy and/or faint before,**

 **during, or after the procedure. I agree to immediately notify the artist if this happens.**

**\*I agree to follow all instructions concerning the care of my body piercing.**

**\*I understand that whatever happens to my piercing after I leave the premises is my**

 **responsibility, if the jewelry happens to fall out for example while I’m asleep I will be charged**

 **to replace the piercing. Pricing for this is under the discretion of the artist.**

**\*FIREHOUSE TATTOO only accepts CASH. No credit/debit cards or checks.**

**\*I understand if I do not go through with the piercing after setup there will be a 10 dollar setup**

 **fee that is nonrefundable.**

**\*I hereby release FIREHOUSE TATTOO and any/all of its staff members from all responsibility or**

 **claims stemming from my decision to undergo a body piercing procedure.**

**\*NO REFUNDS!!!!!!!!**

**CUSTOMER INFORMATION (FILL OUT COMPLETELY) PLEASE PRINT.**

**CLIENT FULL NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**GUARDIANS FULL NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PHONE#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_**

**BIRTH DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AGE TODAY\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_Type of Piercing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount of Payment\_\_\_\_\_\_\_\_\_**

**Time since you have last ate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENTAL SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Artist:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_Type of Piercing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount of Payment\_\_\_\_\_\_\_\_\_**

**Time since you have last ate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Changes in medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENTAL SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Artist:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Artist:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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