



Body Piercing Release Form
Mayhem Tattoo Salem, NH 03079

Practitioner: Christina Carnazzo

Body Piercing Location: _____

Body Piercing Price: _____

Today's Date: _____

How did you hear about us? _____

Do you have any flu like symptoms? **Y / N**

Have you eaten in the past 4hrs? **Y / N**

It's a good idea to eat before any procedure to increase your blood sugar levels.

Do you have any bloodborne pathogens, transmittable diseases or recent illnesses? (It' okay if you do, we just want to know for our and other's safety.) **Y / N**

Medical Conditions

I affirm that I do not have diabetes, epilepsy, hemophilia, nor do I have a heart condition or take blood thinning medication. **Y / N**

I do not have any other medical or skin condition that may interfere with the procedure or healing of the piercing. **Y / N**

I am not the recipient of an organ or bone marrow transplant or, if I am, I have taken the prescribed preventive regimen of anti-biotics that is required by my doctor in advance of any invasive procedure such as piercing. **Y / N**

I am not pregnant or nursing. **Y / N**

Risks

That I have been fully informed of the risks, associated with getting a piercing. I understand that these risks, known and unknown, can lead to injury, including but not limited to infection, scarring and keloiding and allergic reactions. Having been informed of the potential risks associated with getting a piercing, I still wish to proceed with the piercing and I freely accept all risks that may arise from piercing. **Y / N**

Release

TO WAIVE AND RELEASE to the fullest extent permitted by law each CHRISTINA CARNAZZO and MAYHEM TATTOO from all liability whatsoever, for 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, whether caused by the negligence or fault of either the Artist or the Piercing Studio, or otherwise.

Questions

That both the Body Piercer and the Piercing Studio have given me the full opportunity to ask any and all questions about the piercing procedure and they have been answered to my total satisfaction.

Aftercare

I affirm that I have been given instructions on the care of my piercing while it's healing, and I understand them and will follow them. I acknowledge that it is possible that the piercing can become infected, particularly if I do not follow the instructions.

Duress

I affirm that I am not under the influence of alcohol or drugs, and I am voluntarily getting a piercing without duress.

Permanent Change

I acknowledge that the piercing will result in a permanent change to my appearance and that my skin may not be restored to its pre-piercing condition even after its removal.

This Document

I acknowledge that I have been given adequate opportunity to read and understand this document, that it was not presented to me at the last minute, and I understand that I am signing a legal contract.

Attorney Fees

I agree to reimburse CHRISTINA CARNAZZO and MAYHEM TATTOO for any attorneys, fees and costs incurred in any legal action I bring against either CHRISTINA CARNAZZO and MAYHEM TATTOO and in which either the Piercer or MAYHEM TATTOO is the prevailing party. I agree that the that the courts of NEW HAMPSHIRE in the United States shall have personal jurisdiction and venue over me and shall have exclusive jurisdiction for the purpose of litigating any dispute arising out of or related to this agreement.

Photography

I release all rights to any photographs taken of me and the piercing and give consent in advance to their reproduction in print or electronic form.

I hereby declare that I am of legal age (with valid proof of age) 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.

Name: _____

Parent/Guardian Name and Relationship: _____

Address: _____

Date Of Birth: _____

Phone Number: _____

Email Address: _____

Signature: _____

Emergency Contact

Name: _____

Number: _____