



Classic Ink LLC 111 E Grayson St/107B Market St. Llano TX 78643 (325)305-6099 Holly@ClassicInkTattoo.com

Body Piercing Informed Consent & Release Form

I acknowledge by signing this form that I have been given full opportunity to ask any and all questions I might have about obtaining a Body Piercing from Classic Ink LLC. I acknowledge that all my questions have been answered to my full and total satisfaction. I specifically acknowledge of the facts and matters set forth below, and agree as follows:

- ☐ I am not under the influence of drugs or alcohol.
- ☐ I do not have acne, freckles, moles, or a sunburn in the area to be pierced that might be agitated by the piercing process (healing excluded)
- ☐ I have chosen appropriate jewelry and give my full consent to the piercing of my body.
- ☐ I acknowledge that I am not pregnant.
- ☐ I acknowledge that I am free of communicable disease. I will list any communicable disease below in the health conditions area.
- ☐ I acknowledge that I have truthfully represented to the associates, agents, and representatives of Classic Ink LLC that I am over 18 years of age with a valid and current state or government issued identification.
- ☐ I acknowledge it is not reasonably possible for the associated, agents and representatives of Classic Ink LLC to determine whether I might have an allergic reaction to the jewelry I have chosen, tape, bandages or processes used in my piercing, and I agree to accept that such risks are possible.
- ☐ I acknowledge that infection is always possible as a result of obtaining a piercing, particularly in the event that I do not take proper care of my piercing, and I have been advised of the signs and symptoms of infection that indicate a need to seek medical care.
- ☐ I acknowledge receipt of written instructions advising me of proper care of my piercing and recognize the absolute necessity of following those written instructions. All questions about the piercing procedure have been answered to my satisfaction.
- ☐ I acknowledge that healing variations may exist and rejection of the piercing is possible.
- ☐ I acknowledge that there is a risk of pain, bleeding, swelling, infection, nerve damage and scarring, as well as an increased risk for adolescents during certain stages of development.
- ☐ I acknowledge that the obtaining of my piercing is my choice alone and I consent to the piercing procedure and to any actions or conduct of the associates, agents or representatives of Classic Ink LLC that are reasonably necessary to perform the piercing procedure.
- ☐ I agree to release and forever discharge and forever hold harmless Classic Ink LLC and its associates, agents, officers, and shareholders from any and all claims, damages, or legal actions arising from or connected in any way with my piercing, or the procedures and conduct used in the piercing procedure and any and all piercings by Classic Ink LLC and its associates, agents and representative in the future.
- ☐ I acknowledge that there is the possibility of discomfort or pain during the piercing process and there is a chance I might feel lightheaded, dizzy, or nauseous during or after being pierced, I agree to immediately notify the artist/practitioner in the event that I feel lightheaded, dizzy, nauseous, or faint before, during or after the procedure.
- ☐ I agree to follow all instructions concerning the aftercare of my piercing.
- ☐ I have the following health conditions _____
- ☐ I am taking the following medications _____
- ☐ I have allergies to the following _____

I _____ have been fully informed of the risks of piercing including but not limited to infection, scarring, bleeding, and allergic reactions to jewelry materials, latex gloves, tape, bandages, numbing agents and antibiotics. Having been informed of the potential risks associated with getting a piercing, I still wish to proceed with piercing procedure, and I assume any and all risks that may arise from piercing.

Signature _____ Date _____

Single Use Needles Used

| | | | | | |
|------------|-----------|----------------|------------|-----------|----------------|
| Size _____ | LOT _____ | Exp Date _____ | Size _____ | LOT _____ | Exp Date _____ |
| Size _____ | LOT _____ | Exp Date _____ | Size _____ | LOT _____ | Exp Date _____ |
| Size _____ | LOT _____ | Exp Date _____ | Size _____ | LOT _____ | Exp Date _____ |

Jewelry Used:

Brand _____ Catalogue # _____
Gauge _____ Size _____
Location of piercing L R M _____

Client Name: _____ Client DOB _____ Age: _____
Client Address _____ City _____ State _____ Zip _____
ID Type _____ ID # _____ Exp _____ Copy attached _____

Artist Name: _____ Artist Signature _____ Date _____

Client Signature _____ Date _____

A tattoo artist may not perform body piercing on a person younger than 18 years of age without the consent of a parent, managing conservator, or guardian and meeting the requirements of 25 Texas Administrative code, §229.406(e).

For Minor Children Under the age of 18

Parent/guardian Name: _____ DOB _____ Age: _____
Address _____ City _____ State _____ Zip _____
ID Type _____ ID # _____ Exp _____ Copy attached _____
Notarized consent attached _____

Parent/Guardian Signature _____ Date _____