**THE IVY - fine art & tattoo**

**Consent for PIERCING and release and waiver of all claims.**

1901 West Bay Dr., Suite #6, Largo, Fl., 33770 PHONE NUMBER PENDING

**PLEASE INITIAL EACH PARAGRAPH IN THE SPACES PROVIDED AFTER THOROUGHLY READING THIS CONSENT FORM, TO SHOW THAT YOU UNDERSTAND AND ACCEPT EACH PROVISION. PLEASE FEEL FREE TO ASK ANY QUESTIONS REGARDING THIS WAIVER.**

\_\_\_ I acknowledge by signing this Release that I have been given the full opportunity to ask any and all questions I might have about obtaining a piercing from THE IVY (herein known as the “Piercer”) and that all of my questions have been answered to my full and total satisfaction. I specifically acknowledge that I have been advised of the facts and matters set forth below, and I agree as follows:

\_\_\_ I am at least eighteen (18) years of age. If underage, I have my parent’s consent, my parent or guardian is present for the procedure, and a signed, notarized form.

\_\_\_ I am not pregnant to my knowledge. If I have any condition that might affect the healing of this piercing, I will notify the piercer.

\_\_\_ I do not have any physical, mental, or medical impairments, diabetes, or disability which may affect my decision to have any body piercing, nor am I under the influence of alcohol or drugs.

\_\_\_ I do not have any diseases that may be transmitted through blood, suffer from medical or skin conditions such as, but not limit to; keloid or hypertrophic, scarring, psoriasis at the site of the piercing, or any open wounds or lesions at the site of the piercing.

\_\_\_ I have advised the piercer of any allergies to metals, latex gloves, soaps and medications. I acknowledge it is not reasonably possible for the piercer to determine whether I might have an allergic reaction to the piercing or the process involved in the piercing and further acknowledge that such a reaction is possible. List **allergies** here:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_ I agree for myself, my heirs, and legal representatives to THE IVY free from any damages, actions, and cause of action, claim adjustments, costs of litigations, attorney fees, and all fees.

\_\_\_ I agree that these waivers are designed to protect the best interest of myself and all establishments where THE IVY conducts business and hereby release any and all persons representing THE IVY from all responsibility relating to my piercing. I accept all responsibility for myself, for any consequences that may arise from my decision to have any body piercing related services conducted by THE IVY.

\_\_\_ I have received written and oral educational information on the aftercare of this piercing and agree to follow all of them while my piercing is healing.

\_\_\_ I acknowledge that there are no refunds for any reason or returns of jewelry.

\_\_\_ I have read each and every paragraph listed above, and with full understanding I agree that all information provided to THE IVY are true and correct to the best of my knowledge.

\_\_\_ I acknowledge that it is my full responsibility to ensure that all equipment used is opened from a sterile package.

\_\_\_ Therefore, I request the Piercer to pierce my \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I understand that this type of piercing usually takes at least a month or more to fully heal.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age:\_\_\_\_\_\_ Sex:\_\_\_\_\_ Race:\_\_\_\_\_ Phone:(\_\_\_\_\_)\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:(\_\_\_\_)\_\_\_\_\_\_-\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_

Emergency Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:(\_\_\_\_\_)\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_

**Customer Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_/\_\_\_\_/\_\_\_\_**

**Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_/\_\_\_\_/\_\_\_\_**

**Print PiercerName:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Piercer Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Piercer Write Jewelry size and type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_