

ARTSY COLOR LOUNGE  
FUTURE NAME : TWENTY SEVEN +RAAJ

## CONSULTATION FORM

### PERSONAL INFORMATION

Name: \_\_\_\_\_ DOB \_\_/\_\_/\_\_\_\_ Date of Appointment: \_\_/\_\_/\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Gender:  M  F  O

Medical Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone number \_\_\_\_\_

Parent name and DOB: \_\_\_\_\_

### APPOINTMENT INFORMATION

Type of Jewelry  Bracelet  Anklet

Type of Material  Gold filled  Sterling Silver  Other

Method \_\_\_\_\_

Other Information \_\_\_\_\_

# Artsy Color Lounge

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## CONSENT FORM

Thank you for choosing our jewelry bar to create your permanent jewelry. In order to provide you with the best possible service and ensure your safety, we require that you complete this Intake and Consent Form.

Please read this form carefully and sign it to indicate that you understand and agree to the terms and conditions outlined below.

I have voluntarily elected to undergo this appointment after the nature and purpose has been explained to me, along with the risks and hazards involved by Artsy Color Lounge.

By signing this form, I acknowledge that there are inherent risks involved with welding permanent jewelry. These risks include but are not limited to burns, discomfort, allergic reactions, and potential scarring, and I accept any such risks.

I agree to provide accurate and complete information about my health history, including any medical conditions, allergies, or medications that may affect my ability to undergo the welding process

By signing this form, I release **Artsy Color Lounge and its employees from any liability for any harm, discomfort, or injury that may occur during the welding process. I also acknowledge that any injury or harm that results from the welding process is solely my responsibility.**

I acknowledge that I have received and understand the aftercare instructions for the permanent jewelry, and agree to follow them as directed.

**I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND ALL THE INFORMATION IN THIS AGREEMENT AND I COMPLETELY UNDERSTAND IT BY SIGNING BELOW**

**I am the parent or legal guardian of the minor named below. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this Release and Waiver of Liability.**

Permission given by \_\_\_\_\_ to \_\_\_\_\_

Minors birthdate: \_\_\_\_\_ Preferred Pronoun: \_\_\_\_\_

Phone number : \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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Full name : \_\_\_\_\_

Phone number: \_\_\_\_\_

Preferred pronoun: \_\_\_\_\_

Guest Signature: \_\_\_\_\_

Date: \_\_\_\_\_