



CONSENT TO PIERCE AND WAIVER OF ALL CLAIMS

- I am not pregnant or nursing. I do not have epilepsy, hemophilia, or any other disease of the blood. I do not have diabetes. If I DO have diabetes, I understand that this condition may affect the healing of my piercing. I do not suffer from any heart condition, nor do I take any medication which may cause thinning of my blood.
- If I suffer from hepatitis, HIV, or any other communicable disease, I have informed the Piercer of this fact and have been advised of any modifications and procedures necessary to promote the satisfactory healing of my piercing.
- I do not suffer from medical or skin conditions such as, but not limited to keloiding, hyper trophic scarring, psoriasis at the site of the piercing, any open wounds, or lesions at the site to be pierced.
- I have advised to the Piercer of any allergies to metal, latex, soaps, and medications. I understand that 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 piercing. I further acknowledge that such a reaction is possible.
- I have trustfully represented to the Piercer that I am over the age of 18 years, or that the person representing him/her as my legal guardian is in fact that.
- I am not under the influence of drugs or alcohol. To my knowledge, I do not have any physical, mental, or medicinal impairment/disability, which might affect my well being as a direct result of my decision to have a piercing at this time.
- I acknowledge that obtaining this piercing is my choice alone and will result in a permanent change in my appearance and that no representation has been made to me as to the ability to later restore the skin involved in this piercing to its pre-pierced condition.
- I acknowledge that infection is always possible as a result of obtaining a piercing and I agree to follow all recommendations concerning the care of my piercing while it is healing. Further, I recognize that piercings are known to be susceptible to, but not limited to a variety of bacterial infections including, but not limited to pseudomonas infections.
- I understand that I will be pierced using the proper instruments and sterilization techniques.
- I understand that this type of procedure may take 3-6 months or longer to heal depending on the individual. I agree to hereby release and forever discharge and hold harmless "The Daruma Tattoo & Piercing Company Inc." as well as any representatives, heirs, insurers, masters, employers or prepossess, the Piercer, and to any person interested or responsible with or for them for any and all claims pecuniary loss, all actions/causes present or connected in any way with my piercing or the procedure and conduct used in my piercing.

Date of Procedure: _____ Piercer: _____ Piercing Location on Body: _____

Jewelry: _____ Notes: _____

Name: _____ DOB: _____ Age: _____

If under 18 you will need to fill out next section that appears on next page.

Address (City/State/Zip): _____

Phone: _____ Email: _____

Emergency Contact Name/Phone: _____

Are You Taking Any Medication: Yes No

Signature: _____ Date of Procedure: _____

CONSENT TO PIERCE AND WAIVER OF ALL CLAIMS *continued*

PARENT/LEGAL GUARDIAN RELEASE AND WAIVER OF ALL CLAIMS

- I am the parent/legal guardian of the mentioned minor and agree to let "The Daruma Tattoo & Piercing Company Inc." (herein after called "Daruma") pierce/tattoo him/her. I have carefully thought about my decision and understand that this process is NOT reversible and that by signing this form, I release Daruma from any legal action.
- I hereby release Daruma and any and all people representing Daruma from any responsibility for any and all consequences, which may arise from my decision to have any type of body modification performed on the mentioned minor by Daruma or its agents.
- I agree for myself, my heirs, the mentioned minor, and legal representatives to hold Daruma and its agents harmless from all damages, actions, claims, costs of litigation, and all other expenses based upon injuries to the minor, or anyone else, arising from my decision to allow body modification done to the mentioned minor, whether or not cause by negligence of Daruma or its agents.
- I hereby release Daruma and any and all people representing Daruma from any and all consequences, which may arise as a result of being at their place of business..
- By signing this this release for, I affirm to Daruma that the information provided by me hereon is true and correct and that I have read and understand all of the above paragraphs. I also affirm that I have read, understand, and have signed all the documents presented to me and the minor that I am representing. Further, I acknowledge, under penalty of law, that I am in fact the legal guardian of the mentioned minor.

Name of Minor: _____ DOB of Minor: _____ Age of Minor: _____

Parent/Legal Guardian Name: _____

Relationship to Minor: _____

Phone: _____ Email: _____

Please fill out if address is different from minor:

Address (City/State/Zip): _____

Signature: _____ Date of Procedure: _____

