

ZOE'S TATTOOS, PIERCINGS AND FINE ART

1161 SOUTH 4TH STREET



PIERCING CONSENT FORM

I ACKNOWLEDGE I HAVE BEEN ADVISED OF THE MATTERS SET FORTH BELOW AND I AGREE AS FOLLOWS:

PLEASE INITIAL

_____ I AM NOT PREGNANT OR NURSING. IF I HAVE ANY CONDITION THAT MIGHT AFFECT THE HEALING OF THIS PIERCING, I WILL INFORM MY PIERCER.

_____ I UNDERSTAND THAT I MAY BE DISQUALIFIED FROM DONATING BLOOD FOR UP TO A YEAR ACCORDING TO THE CURRENT AND SUBSEQUENT AMENDMENTS TO THE STANDARDS OF THE AMERICAN ASSOCIATION OF BLOOD BANKS.

_____ 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 PROCESSES INVOLVED IN THE PIERCING AND FURTHER ACKNOWLEDGE THAT SUCH A REACTION IS POSSIBLE.

_____ I ACKNOWLEDGE PIERCINGS ARE EXOTIC TO THE BODY AND ALWAYS HAVE RISKS FOR INFECTION, REJECTION, AND/OR MIGRATION AS A RESULT OF OBTAINING A PIERCING AND I AGREE TO FOLLOW ALL AFTERCARE INSTRUCTIONS WHILE MY PIERCING IS HEALING.

_____ I AGREE TO RELEASE AND FOREVER DISCHARGE AND HOLD HARMLESS THE BODY PIERCER AND ALL EMPLOYEES FROM ANY AND ALL DAMAGES OR LEGAL ACTIONS ARISING OR CONNECTED IN ANY WAY WITH MY PIERCING OR THE PROCEDURE AND CONDUCT USED IN MY SERVICE.

_____ I AGREE THAT ANY FOLLOW UP WORK NEEDED, DUE TO MY OWN NEGLIGENCE, WILL BE DONE AT MY OWN EXPENSE.

_____ ALL OF MY QUESTIONS HAVE BEEN ANSWERED TO MY FULL AND TOTAL SATISFACTION.

_____ I AGREE TO ALLOW THE STAFF OF ZOE'S TATTOOS PIERCINGS AND FINE ARTS TO PHOTOGRAPH MY BODY PIERCINGS AFTER THE SERVICE FOR PORTFOLIOS AND AS PROMOTION.

_____ I HAVE NOT INGESTED AN ANTICOAGULANT THAT THINNS THE BLOOD OR INTERFERES WITH BLOOD CLOTTING WITHIN THE PAST 24-HOURS.

CLIENT INFORMATION

NAME _____ DOB _____
AGE _____ SEX _____ CONTACT NUMBER _____
SIGNATURE _____ DATE _____

PARENT/GUARDIAN INFORMATION (FOR MINORS ONLY)

NAME _____
RELATIONSHIP TO MINOR _____ CONTACT NUMBER _____
SIGNATURE _____ DATE _____

PIERCINGS _____ ARTIST _____

Subscribed and sworn before me this _____ day of _____, 20_____

NOTARY PUBLIC SIGNATURE _____

NOTARY PUBLIC NAME _____

STATE _____ COUNTY OF _____

My commission expires _____

Notary Seal or Stamp