

## CONSENT TO PIERCE MINOR RELEASE AND WAIVER OF ALL CLAIMS

I \_\_\_\_\_, the parent/legal guardian of \_\_\_\_\_ allow my child to have his/her \_\_\_\_\_ pierced. In consideration of doing so, I fully understand THE PIERCER DOES NOT ACT AS A MEDICAL PROFESSIONAL. Any suggestions made to me are not to be construed as or substituted for advice from a medical professional. I acknowledge by signing this Release that I have been given the full opportunity to ask any and all questions which I might have about obtaining a piercing, and that all my questions have been answered to my full satisfaction. I specifically acknowledge that I have been advised of the facts and matters set forth below and I agree as follows:

- 1) My child is not pregnant or nursing. He/she is not under the influence of alcohol or drugs. He/she does not have epilepsy, or hemophilia. He/she does not suffer from any heart conditions or take medication that thins the blood. I have informed the Piercer of any condition, such as diabetes, that might hamper the healing of the piercing.
- 2) If my child has hepatitis or any other communicable disease, I have informed the Piercer of this fact and have been advised of any procedures necessary to promote the satisfactory healing of his/her piercing.
- 3) My child does not have medical or skin conditions such as, but not limited to: keloid or hypertrophic scarring, psoriasis at the sight of the piercing or any open wounds or lesions at the site of the piercing.
- 4) 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 my child might have an allergic reaction to the piercing or processes involved in the piercing and further acknowledge that such a reaction is possible.
- 5) I acknowledge that this piercing will result in a permanent change to my child's appearance, and that no representation has been made to me as to the ability to later restore the skin involved in this piercing to it pre-piercing condition. To my knowledge, my child does not have any physical, mental or medical impairment or disability that might affect his/her well being as a direct or indirect result of his/her decision to have a piercing done at this time.
- 6) I acknowledge that infection is always possible as a result of a piercing. I have received aftercare suggestions and agree to make sure my child cares for the piercing to the best of his/her ability.
- 7) I understand that my child will be pierced using appropriate instruments and sterilization techniques.
- 8) I have truthfully represented to \_\_\_\_\_ that I am the parent/legal guardian of the child being pierced.

Therefore, I request my child's \_\_\_\_\_ be pierced. I agree to release and forever discharge and hold harmless \_\_\_\_\_, and all employees from any and all claims, damages or legal actions arising from or connected in any way to my child's piercing and conduct used in my child's piercing. By my signature below, I certify that I am the parent/legal guardian, and my child is willingly submitting to these procedures.

Name of minor – Print legibly	Date of birth of minor	Age of minor as of today
Name of parent or guardian		Signature of parent or guardian
Address		City                      State                      Zip
E-mail Address	Date of birth of parent or guardian	Today's date

**Name of practioner performing the procedure:**