

**WYLD CHYLD PIERCING
CONSENT AND RELEASE FORM**

Please check any conditions listed below that apply to you.

<input type="checkbox"/> Diabetes	<input type="checkbox"/> HIV / AIDS	<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Faint or Dizzy
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Hemophilia	<input type="checkbox"/> Eczema/Psoriasis	<input type="checkbox"/> Infections
<input type="checkbox"/> T.B.	<input type="checkbox"/> Scarring/Keloiding	<input type="checkbox"/> Herpes	<input type="checkbox"/> Asthma
<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Pregnant	<input type="checkbox"/> Nursing	<input type="checkbox"/> Blood Thinners

How long has it been since you last ate?

Do you have any allergies?

List any medications you are currently taking.

Are there any other known MEDICAL CONDITIONS or CONTAGIOUS DISEASES that may affect your BODY PIERCING procedure?

- I hereby certify that to the best of my knowledge this information is correct.
- All questions have been answered to my satisfaction.
- I agree to the ARTISTS placement of the said BODY PIERCING.
- This is to certify that I am at LEAST 18 YEARS OF AGE.
- I am not under the influence of ALCOHOL OR DRUGS.
- I understand there is a possibility of an allergic reaction.
- I understand there is a possibility of an infection.
- I agree to follow all instructions concerning the care of my BODY PIERCING.
- I understand that there is a chance I might feel lightheaded, dizzy and/or faint due to my decision to receive a BODY PIERCING.
- I agree to immediately notify the artist in the event I feel lightheaded, dizzy and/or faint before, during or after the procedure. Failure to do so releases WYLD CHYLD TATTOO and ARTISTS of all responsibility.
- I hereby release WYLD CHYLD TATTOO and ARTISTS of all responsibility for the said BODY PIERCING.
- No Refunds.

In consideration of receiving a body piercing from [_____] (the "Artist") at [Wyld Chyld Tattoo] (together with its employees, apprentices and agents, the "Piercing Studio"), I agree to the following:

I acknowledge that I have been given adequate opportunity to read and understand this document, that it was not presented to me at the last minute, and I understand that I am signing a legal contract waiving certain rights to recover against Piercing Studio.

In consideration of receiving a body piercing from [_____] (the Artist) I agree to the following: That I, _____ (clearly print your name) have been fully informed of the inherent risks, associated with getting a piercing. I fully understand that these risks, known and unknown can lead to injury, including but not limited to infection, scarring and keloiding, allergic reactions to jewelry, latex gloves, and/or soap. Having been informed of the potential risks associated with getting a piercing, I still wish to proceed with the piercing and I freely accept and expressly assume any and all risks that may arise from piercing. TO WAIVE AND RELEASE to the fullest extent permitted by law each of the Artist and the piercing studio from all liability whatsoever, for any and all claims or causes of action that I, my estate, heirs, executors or assigns may have for personal injury or otherwise, including any direct and/or consequential damages, which result or arise from the piercing, whether caused by the negligence or fault of either the artist or the studio or otherwise.

That both the artist the studio have given me instructions on the care of my piercing while its healing, and I understand them and will follow them. I acknowledge that it is possible that the piercing can become infected, particularly if I do not follow the instructions given to me. I affirm that I am not under the influence of alcohol or drugs, and I am voluntarily getting a piercing without duress.

I affirm that I do not have diabetes, epilepsy, hemophilia, nor do I have a heart condition or take blood thinning medication. I do not have any other medical or skin condition that may interfere with the procedure or healing of the piercing. I am not the recipient of an organ or bone marrow transplant or, if I am, I have taken the prescribed preventive regimen of procedure such as piercing. I am not pregnant or nursing. I acknowledge that the piercing will result in permanent change to my appearance and that my skin may not be restored to its pre-piercing condition even after its removal.

I release all rights to any photographs taken of me and the piercing and give consent in advance to their reproduction in print or electronic form. (Please let your artist know if you do not wish to have pictures taken)

I acknowledge that I have been given adequate opportunity to read and understand this document, that it was not presented to me at the last minute, and I understand that I am signing a legal contract waiving certain rights to recover against Piercing Studio.

I agree to reimburse each of the Artist and the Piercing Studio for any attorneys' fees and costs incurred in any legal action I bring against either the Artist or the Piercing Studio and in which either the Artist or the Piercing Studio is the prevailing party. I agree that the that the courts of [NYS] in [COUNTY OF NASSAU] shall have personal jurisdiction and venue over me and shall have exclusive jurisdiction for the purpose of litigating any dispute arising out of or related to this agreement.

I acknowledge that I have been given adequate opportunity to read and understand this document, that it was not presented to me at the last minute, and I understand that I am signing a legal contract waiving certain rights to recover against the Artist and the Piercing Studio.

If any provision, section, subsection, clause or phrase of this release is found to be unenforceable or invalid, that portion shall be severed from this contract. The remainder of this contract will then be construed as though the unenforceable portion had never been contained in this document. I hereby declare that I am of legal age and am competent to sign this Agreement or, if not, that my parent or legal guardian shall sign on my behalf, and that my parent or legal guardian is in complete understanding and concurrence with this agreement.

I HAVE READ THIS AGREEMENT, I UNDERSTAND IT, I AGREE TO BE BOUND BY IT.

Print Full Name: _____

Date of Birth: _____

Address: _____

Telephone: _____

Signature of Participant: _____

Date: _____

Signature of Parent or Guardian if Participant Is a Minor

and by their signature, on my behalf, release all claims that both they and I have

Signature: _____

Date: _____

Check this box if you do not want to receive E-mail newsletters from Wyld Chyld Tattoo.