



Body Piercing Release Form

Name: _____ Date: _____

I acknowledge by signing this release I have been given the full opportunity to ask any and all questions which I might have about obtaining a piercing from _____ and all my questions have been answered to my full and total satisfaction. I acknowledge I have been advised of the matters set forth below and I agree as follows: **Please Initial**

I have provided accurate information on any medical conditions I may have that could affect the outcome of this procedure. These include but are not limited to: allergies (to iodine, latex, or metals, etc.) diabetes, anemia, hemophilia, high/low blood pressure, heart disease, swelling, rash, lumps, or discoloration of the area to be pierced, an immunosuppressive disorder, or any condition that requires the use of antibiotics before a medical procedure. I have provided information on any medications I am currently taking, and on any piercings, tattoos, surgeries, or serious illnesses or injuries I have experienced in the past 90 days. _____

I certify that I am not pregnant or nursing. If I have any condition that might affect the healing of this piercing I will inform my piercer. _____

To ensure proper healing of my piercing. I agree to follow the written aftercare guidelines until healing is complete (will be provided). Following the aftercare is crucial to prevent infection. I understand that an infection and/or an allergic reaction is possible. _____

I recognize that the suggestions and aftercare given to me by Ink On Ink Off/ IOIO Studio, employees or agents are based upon their experience in this field and current industry standards. Piercers of Ink On Ink Off/ IOIO Studio are not doctors, and their suggestions, whether written or verbal, stated or implied, are not meant to be taken as medical advice. In the event of a serious medical concern I should see my physician. _____



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I am at least 18 years of age. I am not under the influence of drugs or alcohol. To my knowledge, I do not have any physical, mental or medical impairment or disability which might affect my well-being as a direct or indirect result of my decision to have a piercing done at this time. _____

I acknowledge that obtaining this piercing is my choice alone and will result in a permanent change to 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-piercing condition. _____

I acknowledge infection is always possible as a result of obtaining a piercing. I have received aftercare instructions and I agree to follow all of them while my piercing is healing. _____

I understand I will be pierced using appropriate instruments and sterilization.

Therefore, I request the piercer to pierce my _____, I understand this type of piercing usually takes _____ or longer to heal. I agree to release and forever discharge and hold harmless the piercer and all the employees and studio from any and all claims, damages or legal actions arising from or connected in any way with my piercing, or the procedure and conduct used in my piercing. SIGN: _____ DATE: _____

Photographs: I hereby consent to grant permission and authorize the use and reproduction by INK ON INK OFF/ IOIO Studio or anyone authorized by INK ON INK OFF/ IOIO STUDIO, of any and all "before and after" photographs taken of me without further compensation to me. The photographs may be included in an advertising brochure, website advertisement or for any other purposes. The photographs and all negatives shall constitute the sole property of Ink On Ink Off. I hereby release Ink On Ink Off from any and all liability arising out of the use and reproduction of any photographs. _____

On this day ____ / ____ / ____ I declare under penalty of perjury that the above is correct.

Signature: _____

If under the age of 18, Guardian Signature:

SIGN: _____ DATE _____