

MINOR CONSENT TO PIERCE & RELEASE OF CLAIMS

I _____, the parent/legal guardian of _____
Induce _____ to pierce my son and/or daughter. 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 I have been given the full opportunity to ask any
and all questions which I might have about obtaining a piercing 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:

1. My child is not pregnant or nursing. He/She does not have any condition that might hamper
healing of the piercing.
2. He/She does not suffer from medical or skin conditions such as, but not limited to: keloid or
hypertrophic scarring, psoriasis at the site of the piercing or any open wounds or lesions at the site of
the piercing.
3. 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 He/She might have an
allergic reaction to the piercing or processes involved in the piercing and further acknowledge that
such a reaction is possible.
4. My Child is not under the influence of drugs or alcohol. To my knowledge, He/She does not
have any physical, mental or medical impairment or disability which might affect his/her well-being
as a direct or indirect result of my decision to have a piercing done at this time.
5. I acknowledge that obtaining this piercing is my childs choice alone and will result in a
permanent change to his/her 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.
6. I acknowledge infection is always possible as a result of obtaining a piercing. My child and I
have received aftercare instructions and We agree to follow all of them while the piercing is healing.
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. I understand he/she will be pierced using appropriate instruments and sterilization.

Therefore, I request the Piercer to pierce my son/daughter's _____. 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 employees 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 his/her piercing.

By my signature below, I certify that I am the parent legal guardian of _____, who is
willingly submitting to these procedures.

Signature(Parent/Legal Guardian)_____ Print Name:_____

Signature(Piercee)_____ Print Name:_____

Date:_____ Parent/Legal Guardian Photo ID:_____