

English - Piercing Release Form

Let us do this part

Today's Date: / /

Practitioner: *

Please read and answer

which piercing(s) do you want? *

Y / N Did you eat beforehand? *

We do not recommend you get pierced on an empty stomach. make you have eaten in the past 4 hours.

Y / N Photography *

I will allow pictures, taken before, during or after the piercing procedure to be used for promotional purposes on social media, website, printed media or other means. I transfer all rights regarding the pictures taken to Stuicidal Piercing.

If you dont want any pictures taken check "no" and no pictures will be taken of you and/or your piercing.

☐ **I am aware of the risks ***

I am aware of the risks that come with getting pierced. these may be:

- Fainting
- Nausea
- Infection
- Rejection or migration of the piercing
- scar tissue and keloids
- allergic reactions
- irritations of the skin

I trust my piercer takes all possible measures to eliminate or minimize these risks. I will take appropriate care of my piercings to prevent complications afterwards.

Y / N I am healthy enough to get pierced *

I know the place of the piercing must not be irritated at the time of piercing. Birthmarks, port-wine stains (naevus flammeus) and other skin conditions can not be pierced.

by checking "yes" I declare that:

- I did not get (plastic) surgery or radiotherapy in the past year on the place i want to get pierced.
- The place i want to get pierced has not been pierced in the past 3 months.
- I am not under the influence of drug and/or alcohol
- I am not pregnant

I don't suffer from any of the following health issues

- diabetes
- epilepsy
- haemophilia
- chronic skin conditions
- allergies to nickel, latex, iodine or chlorhexidine gluconate
- immune disorders
- heart and vascular conditions
- sarcoidosis.

Regarding my medication I declare that:

- I am not on Antibiotics
- I am not on blood thinning medication

Y / N i have conferred with my doctor*

I declare that if i have checked "no" in the previous question and do suffer from any of the mentioned medical condition.

I have consulted my physician about my wish to get pierced and specified where i want to get pierced. My physician agrees with me getting pierced.

If "yes" is checked in the previous question you may check "no" in this question as you had no need to consult a doctor.

☐

I am not forced to get pierced

I declare I am in no way forced to get this piercing

☐

I have had time to read this form

I declare that I have had time to read this form and ask questions about this form and/or the piercing procedure. All my questions have been duly answered.

☐

release form

I understand I am about to sign a legal release form and that by doing so I cannot hold the piercer and/or piercingstudio (koko loko tattoo & piercing and it's piercing side Stuicidal Piercing) responsible for any and all consequences as a result of getting pierced. I am informed that I am responisble for any and all risks.



Corona

Regarding the corona virus I declare that:

- I have not had any or all of the following symptoms In the past 24 hours:
Coughing, sneezing, fever, shortness of breath or loss of sence of taste and/or smell
- I don't have a room or housemate with these symptoms
- I did not recieve confirmation from a lab I have the new corona virus this in the past 7 days.
- I don't have a family member or housemate with covid-19 that I came in contact with in the past 24 hours while he/she has displayed symptoms
- I am not currently self-isolating because I came in direct contact with someone who has been confirmed to have covid-19

Document number ID*

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.

Personal Info

I hereby declare that I am of legal age (with valid proof of 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.

Name: *

Address:

Postcode:

Date of birth: *

/ /

If you are under **16** your parent/guardian will be required

Phone #: *

Email: *

Social Handle:

Signature: *

Parent/Legal Guardian

I, as parent or legal guardian of the above minor under 16 years of age, hereby consent to the terms and conditions set forth in this release form

Guardian's Legal Name: *

Signature: *