

Studio Lovecraft

WAIVER, RELEASE, AND CONSENT TO PIERCING

FOR OFFICE USE ONLY

Client: _____ Date: ____/____/____

Artist: _____ Price (before taxes/fees): _____ Invoice #: _____

Valid ID Minor w/Guardian and documentation (*guardian signs*) Age (if <18): ____

Materials used:

Inst. Needle Jewelry _____ Lot: _____ Ster. Date: _____

Inst. Needle Jewelry _____ Lot: _____ Ster. Date: _____

Inst. Needle Jewelry _____ Lot: _____ Ster. Date: _____

Inst. Needle Jewelry _____ Lot: _____ Ster. Date: _____

Inst. Needle Jewelry _____ Lot: _____ Ster. Date: _____

Inst. Needle Jewelry _____ Lot: _____ Ster. Date: _____

Inst. Needle Jewelry _____ Lot: _____ Ster. Date: _____

This document has four pages. Please initial each provision on the lines provided after reading to show that you understand, then answer the questions and sign on page 4.



In consideration of receiving a piercing from (“The Artist”) at Studio Lovecraft Tattoo Emporium (together with its employees, contractors, apprentices, and agents, “The Studio”), I agree and consent to the following:

INITIAL BELOW

That I, _____ (**LEGAL name**) have been fully informed and am aware of the inherent risks, associated with getting a piercing. I understand that these risks, known and unknown, can lead to injury including but not limited to infection, scarring, and allergic reactions to metals, latex gloves, and/or soap. Having been informed of the potential risk associated with being pierced, I still agree and give consent to proceed with the piercing procedure and I freely accept and expressly assume any and all risks that may arise from being pierced.

_____ TO WAIVE AND HOLD HARMLESS to the fullest extent permitted by law each of the Artist and The Studio from 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 procedure, whether caused by negligence or fault of either the Artist or The Studio, or otherwise.

_____ My artist may try to cover or tape back the clothing I am wearing in the vicinity of the procedure area to the best of their ability, but I understand that neither the Artist nor The Studio is responsible for damages to the clothing I wear during my piercing or the property I bring to the studio.

_____ I understand that there is a chance I might feel lightheaded or dizzy during or after being pierced and I agree to immediately notify the body piercer in the event I feel lightheaded, dizzy and/or faint before, during or after the procedure.

_____ I understand that body piercing can result in nerve damage, bone and tooth loss, and that if I choose to remove my jewelry, permanent holes or scars may be left.

_____ I understand there is a possibility of an allergic reaction to the jewelry inserted into the fresh body piercing.

_____ I understand there is a possibility of getting an infection, and I have been advised of the signs and symptoms of infection that indicate a need to seek medical attention.

_____ After my appointment I will be given instructions on the care of my piercing while it's healing, and I agree to 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. If any corrective work to the piercing that is needed due to my own negligence, I agree that the work will be done at my own expense.

_____ I agree to subrogate each of the Artist and The Studio for any attorney fees and costs incurred in any legal action I bring against either the Artist or The Studio and in which either the Artist or The Studio is the prevailing party.

_____ I acknowledge that I have been given adequate opportunity to read and understand this document that I am signing a legal contract waiving certain rights to recover against the Artist and The Studio.

_____ If any provision, section, subsection, clause, or phrases 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 have provided 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.

_____ My artist will mark the piercing location and confirm with me the placement. I understand that this is my last chance to make adjustments to my piercing. Once I am satisfied, I will give my piercer approval to proceed, and by doing so, I am consenting to placement as stenciled on my body.

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.

I am not under the influence of alcohol or drugs, and I am voluntarily submitting to be pierced by the artist without duress or coercion.

I do not have epilepsy, Hemophilia, a heart condition, nor do I take blood thinning medication. I do not have any medical skin condition such as the herpes simplex virus that may interfere with the application or healing of the piercing. I am not the recipient of an organ or bone marrow transplant or, if I am, I have taken prescribed medications so that I will not be immunocompromised.

I am not pregnant or nursing.

I do not have a mental impairment that may affect my judgment in getting the piercing.

Initial or mark X on the appropriate responses below:

1. I have the following risk factors for blood borne pathogen exposure: (Check one and if answering "yes," explain.) *Please note: We ask this to better protect our clients and respond to potential emergencies. Studio Lovecraft does not employ the illegal and discriminatory practice of refusing services based on HIV/AIDS status.*

None that I am aware of.

Yes, I have the following risk factors:

2. I am taking the following medications

I am not taking medications.

I am taking the following medications:

3. Are you diabetic? No Yes

If you answered "yes," please read and initial provision below.

As a diabetic I understand that it is my responsibility to monitor my blood sugar and make sure it is at a healthy level before, during, and after my tattoo. I understand it is not recommended to receive tattoos on my feet, shins, ankles, or any place where insulin is injected, and that my healing process may be longer than is typical for non-diabetics.

4. Are you allergic to latex, metals, antibiotics, or have any other allergies that you know of?

No Yes, I am allergic to: _____

5. Thank you for responding to questions about your health! Finally, would you like to be “tagged” in pictures of you or your tattoo on social media?

Yes! No, thank you.

I have read this waiver carefully and have responded to each provision and answered all questions truthfully to the best of my knowledge. I understand I may ask for clarification for any part of this form if there is anything I do not understand. I understand that ALL SALES ARE FINAL.

Signature: _____ Date: _____ / _____ / _____

Optional – My pronouns are: _____

