

Precision Studio Body Piercing

Consent for piercing release and waiver of all claims

I acknowledge by signing this waiver that I have been given the full opportunity to ask any questions which I have about obtaining a piercing from *Precision Studio*. All of my questions have been answered to my full and total satisfaction. I specifically acknowledge that I have been advised of the facts and matters below and agree as follows:

- I acknowledge that I am free of communicable diseases.
- I acknowledge receipt of written instructions advising me of proper care of my new piercing and recognize the absolute necessity for following those instructions for the healing time that is stated on the Aftercare instructions.
- I acknowledge that infection is always possible as a result of obtaining a piercing particularly in the event that I do not follow the proper Aftercare instructions.
- I acknowledge that a piercing is a change of appearance and that no representation has been made to me as to the ability to later change or remove the piercing.
- I acknowledge that if removed the piercing may leave a scar.
- I acknowledge that obtaining my new piercing is my choice alone and consent to the application of the piercing and to any actions or conduct by *Precision Studio* reasonably necessary to perform the piercing procedure.
- I agree to the release and forever discharge and hold harmless of *Precision Studio* any and all claims, damages, or legal actions arising or connected in any way with my new piercing or procedures and conduct used to apply my new piercing.
- I hereby give *Precision Studio* consent to publish my and all photos of my new piercing.
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Requested Procedure: _____

First & last Names: _____

Address: _____

Phone Number: _____ Date of Birth: _____ Age: _____

Please Sign Here: _____ Date: _____

Artist first & last name: _____

Artist signature: _____ Date: _____

Lot & Numbers on back of this sheet of paper for this procedure