

True Art Tattoos, Inc
4118 Lorain Avenue
Cleveland, OH 44113

Please initial all lines below, then fill in
your information and sign this form.

Date: _____

PIERCING RELEASE FORM

____ I am at least 18 years old.
____ I do not have epilepsy, AIDS, HIV.
____ I do not have hepatitis, or other contagious medical conditions.
____ I am not a hemophiliac (bleeder).
____ I do not take blood thinners.
____ I do not have a heart condition.
____ I am not under the influence of drugs or alcohol.
____ to my knowledge I do not have any physical, mental or medical impairment, condition, or disability which might affect my well being as a direct or indirect result of my decision to have any piercing-related work performed on me.

____ I agree to follow all instructions concerning the care of my piercing while it is healing and afterward.

____ I agree that any follow up work needed, due to my own negligence, will be done at my own expense.

____ Being of sound mind and body, I hereby release any and all persons representing **True Art Tattoos** from all responsibility, now and in perpetuity.

____ I accept any and all responsibility myself for any consequences that might stem from my decision to have any piercing-related work done by a representative of **True Art Tattoos**.

____ I agree for myself, my heirs, assigns, and legal representatives to hold harmless from all damages, actions, causes of action, claim judgments, costs of litigation, attorney's fees, and all other costs and expenses which might arise from my decision to have any piercing-related work done by a representative of **True Art Tattoos**.

____ I agree to leave the premises of **True Art Tattoos** or any other establishment where **True Art Tattoos** is engaged in business, promptly upon request, for any reason whatsoever, by any agent or employee of **True Art Tattoos**.

____ I agree to pay for any and all damages or injuries to any and all persons and property belonging to **True Art Tattoos** or any other person to whom **True Art Tattoos** and representatives may become liable contractually or by operation of law, caused by, or resulting from my decision to have any piercing-related work done by a representative of **True Art Tattoos**.

____ I agree that these waivers also pertain to and are designed to protect any and all establishments where **True Art Tattoos** conducts business.

____ I have read and understood each of the above paragraphs.

____ Do you have any allergies to medication(s) or topical solution(s)? _____

____ Do you have any medical conditions we should be aware of prior to performing this procedure?

_____.

____ I have been provided information describing the body piercing procedure to be performed and instructions on aftercare. I have been made aware that if I have any signs and/or symptoms of infection, such as swelling, pain, redness, warmth, fever, unusual discharge or odor to contact my physician. It is also my responsibility to take care of my new body piercing site according to the instructions provided, both verbally and in writing.

Piercer's Name: _____ Piercer's Signature: _____

Location of Piercing: _____

Skin Condition: _____

Jewelry Used: _____

FORM CONTINUES ON BACK

FORM PAGE TWO

Emergency Contact Person: _____

Phone: (____) _____ (include area code)

Address: _____ Apt. _____

City: _____ State: _____ Zip Code: _____

Physician's Name: _____

Clinic Name: _____

Phone: (____) _____ (include area code)

Address: _____ Apt. _____

City: _____ State: _____ Zip Code: _____

Your Information:

Signature: _____

Print Name: _____

Address: _____ Apt. _____

City: _____ State: _____ Zip Code: _____

Phone (____) _____ (include area code).

Email: _____

____ I agree to receive email from **True Art Tattoos**. I understand that **True Art Tattoos** will not share my information in any way, except as required by law, with any 3rd parties.

____ All piercings must be paid in advance of the process.

____ All clients must present valid ID, and agree to being photographed by **True Art Tattoos**.

____ Photos will be used in portfolios and as promotion for **True Art Tattoos**. I agree to release my pictures for any use by **True Art Tattoos**.

____ I AGREE THIS SHOP HAS A NO REFUND POLICY ON TATTOOS, PIERCINGS AND/OR RETAIL SALES AND I WILL NOT ASK FOR A REFUND FOR ANY REASON WHATSOEVER.

HOW DID YOU HEAR ABOUT US?

Notes: _____

