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WAIVER, RELEASE AND CONSENT TO PIERCING
PLEASE READ AND BE CERTAIN YOU UNDERSTAND THE IMPLICATIONS OF
SIGNING THIS DOCUMENT IS TWO PAGES. PLEASE INITIAL EACH PROVISION ON THE
LINES PROVIDED AFTER READING TO SHOW THAT YOU UNDERSTAND EACH
PROVISION.

In consideration of receiving a body piercing from _____ (the "Artist")
at Artistic Ink, LLC (together with its employees, apprentices and agents, the "Piercing
Studio"), I agree to the following:

That I, _____ (clearly PRINT your name) have been fully
informed of the inherent risks, associated with getting a piercing. I fully understand that
these risks, known and unknown, can lead to injury, including but not limited to
infection, scarring and keloiding, allergic reactions to jewelry, latex gloves, and/or soap.
Having been informed of the potential risks associated with getting a piercing, I still wish
to proceed with the piercing and I freely accept and expressly assume any and all risks
that may arise from piercing.

TO WAIVE AND RELEASE to the fullest extent permitted by law each of the Artist and the
Piercing Studio from all 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, whether caused by the negligence or fault of either the Artist or the Piercing
Studio, or otherwise.

That both the Artist and the Piercing Studio have given me the full opportunity to ask
any and all questions about the piercing procedure and the staff has answered these
questions to my total satisfaction.

I affirm that both the Artist and the Piercing Studio have given me instructions on the
care of my piercing while it's healing, and I understand them and will 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.

Initial here for each page stating you have read and understand these rules _____



I affirm that I am not under the influence of alcohol or drugs, and I am voluntarily getting a piercing without duress.

I affirm that I do not have diabetes, epilepsy, hemophilia, nor do I have a heart condition or take blood thinning medication. I do not have any other medical or skin condition that may interfere with the procedure or healing of the piercing. I am not the recipient of an organ or bone marrow transplant or, if I am, I have taken the prescribed preventive regimen of anti-biotics that is required by my doctor in advance of any invasive procedure such as piercing. I am not pregnant or nursing.

I acknowledge that the piercing will result in a permanent change to my appearance and that my skin may not be restored to its pre-piercing condition even after its removal.

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. (If you do not initial this provision, please advise and remind your Artist and the Piercing Studio NOT to take any pictures of you and your completed piercing!).

I acknowledge that I have been given adequate opportunity to read and understand this document, that it was not presented to me at the last minute, and I understand that I am signing a legal contract waiving certain rights to recover against Piercing Studio.

I agree to reimburse each of the Artist and the Piercing Studio for any attorneys' fees and costs incurred in any legal action I bring against either the Artist or the Piercing Studio and in which either the Artist or the Piercing Studio is the prevailing party. I agree that the that the courts of Alabama in Marshall County shall have personal jurisdiction and venue over me and shall have exclusive jurisdiction for the purpose of litigating any dispute arising out of or related to this agreement.

I acknowledge that I have been given adequate opportunity to read and understand this document, that it was not presented to me at the last minute, and I understand that I am signing a legal contract waiving certain rights to recover against the Artist and the Piercing Studio.

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.

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

Initial here for each page stating you have read and understand these rules _____



on my behalf, and that my parent or legal guardian is in complete understanding and concurrence with this agreement.

I HAVE READ THIS AGREEMENT
, I UNDERSTAND IT, I AGREE TO BE BOUND BY IT.

Print Full Name: _____

Date of Birth: _____

Address: _____

Telephone: _____

Signature of Participant: _____

Date: _____

Signature of Parent or Guardian if Participant Is a Minor

and by their signature they, on my behalf, release all claims that both they and I have.

Signature: _____

Date: _____

Initial here for each page stating you have read and understand these rules _____