

**ARTISTIC IMPRESSIONS
PIERCING RELEASE
Over 18**

Name: _____	Date: _____
Address: _____	City: _____ State: _____ Zip: _____
Phone #: _____	Email: _____
DL#: _____	DOB: _____ Age: _____ M / F
If Not using DL, Type of identification: _____	

I hereby declare that I am of the legal age of 18 years or older, and have provided valid proof of age. I agree to allow the Artist and Artistic Impressions to obtain a copy of my driver's license and/or ID.

Signature: _____ **Date:** _____

- 1.) What is the Piercing(s) you will be receiving?: _____
- 2.) Was the type of jewelry explained to you? Y / N
- 3.) Do you agree with the jewelry that will be used for your piercing? Y / N

I state that both the piercer and Artistic Impressions have given me full opportunity to ask any and all questions regarding my piercing and the piercing procedure. All of my questions have been answered to my satisfaction and I agree completely to the piercing that I will be receiving. I understand that a piercing is a change to my appearance and could possibly leave a scar if removed or taken out. I release all rights to any photographs taken of me or my piercing to the Artist and Artistic Impressions and give consent in advance to their reproduction in print or electronic form. I fully understand that a piercing is an art and not a science, anything that can go wrong, could go wrong. I understand that all fees and payments for my piercing are non-refundable. I agree that the courts of Texas in Harris County shall have personal jurisdiction and venue over me and shall have exclusive jurisdiction for the purpose of litigation and dispute arising out of or related to this agreement. I agree to waive and release to the fullest extent permitted by law both the piercer and Artistic Impressions from all liability whatsoever, for any and all claims or causes of action that I, my estate, heirs, executors, and or assigns may have for full personal injury or otherwise, including my direct and or consequential damages, which result or arise from the application of my piercing, whether caused by the negligence or fault of the piercer or Artistic Impressions or otherwise. I agree to leave the premises of Artistic Impressions Studio promptly upon request, for any reason whatsoever, by any agent, artist or employee of Artistic Impressions Studio. I acknowledge that I have been given adequate opportunity to read and understand this full document, and that it was not presented to me at the last minute. I understand that I am signing a legal contract waiving certain rights to recover against the Artist and Artistic Impressions Studio. I have read this agreement, understand it, and agree to be bound by it.

Signature: _____ **Date:** _____

- 1.) Have you been to Artistic Impressions before? Y / N
- 2.) Would you like to be added to our email list? Y / N
- 3.) How did you hear about us? : _____

PLEASE TURN FORM OVER

OFFICE USE ONLY

Piercer: _____	Location: _____	Ticket: _____
Description of Piercing: _____	Jewelry Used: _____	

ARTISTIC IMPRESSIONS TATTOO STUDIO
20633 KATY FRWY, SUITE B
KATY, TX 77450

Emergency Contact: _____ Phone #: _____

This information will not be disclosed to any other entity for any purpose.

Please list any allergies you have: _____

I do not have any of the following: trouble healing, bruise easily, bleed easily, high blood pressure, currently pregnant, sensitive skin, heart condition, history of fainting, dizziness, skin conditions, subject to rashes, diabetic, intravenous drug use, epileptic, hepatitis, syphilis, staph infection, tuberculosis, HIV/AIDS, or any other medical or skin infection that may interfere with the application or healing of my piercing. I fully understand the consequences of making false statements or representations regarding my health. To the best of my knowledge, the medical information provided is true and correct. I fully assume any and all risks to my health by going forward with receiving a piercing. I am not currently taking any blood thinning medications. I am not currently taking any over the counter or prescription medications that could interfere with the application or healing of my piercing. I do not have any other medical or skin conditions not included in the medical release portion of this form that may interfere with the application or healing of my piercing. I am not the recipient of an organ or bone marrow transplant. I do not have any mental impairment that may affect my judgment. I am not under the influence of any legal or illegal drugs or alcohol. I am voluntarily submitting to be pierced at Artistic Impressions by the piercer whom I agreed to be pierced by without duress or coercion.

Read & Answer the following questions:

1.) Do you have any other piercings? Y / N

If yes, location(s): _____

2.) Have you ever had an allergic reaction from piercing? Y / N

3.) Have you ever gotten an infection from a past piercing? Y / N

Risk of getting a piercing: Infection, scarring, bleeding, nerve damage, discomfort or pain, swelling, allergic reaction to latex gloves or soap. I understand these risks increase for adolescents during certain stages of development. I have been fully informed of the inherent risks associated with getting a piercing. I fully understand that these risks include those stated above but are not limited only to the risks stated above and other problems could arise. Having been informed of the potential risks associated with getting a piercing, I still want to proceed with the piercing and I freely accept and assume any and all risks that may arise from a piercing. I have been given the opportunity to ask any and all questions regarding the potential risk of getting a piercing and all of my questions have been answered to my satisfaction.

General Aftercare: I understand the general rules of piercing aftercare, I have been given full opportunity to ask any and all questions pertaining to the aftercare of my piercing, and all questions have been answered to my complete satisfaction. I have received an aftercare card to take home with me including these general rules along with a more detailed description of aftercare instructions. I agree to follow the instructions of my take home aftercare card. I understand that a piercing can become infected or not heal properly, particularly if I do not follow the instructions given to me. I agree to take care of any issues that may occur with my piercing at my own expense. If you have any complications and/or reactions, come back in person within 5 business days so someone can look at your piercing free of charge and provide you with the proper healthcare forms to help you report your complications and/or reactions to the Texas Department of State Health Services.

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

NO WARRANTIES

There are no warranties which extend beyond the description on the face hereof. _____ (please initial)

I acknowledge there are no warranties, including the warranty of merchantability and warranty of fitness for a particular purpose, and I voluntarily consent to waive these warranties. _____ (please initial)

Signature: _____ Date: _____