



## CUSTOMER INFORMATION FORM

BY FILLING AND SIGNING OUT THIS FORM, I AGREE TO THE FOLLOWING:

- ☐ I am at least 18 years old, or have the permission of my parent or guardian.
- ☐ I have not made the decision of getting piercing while intoxicated, nor am I under the influence right now.
- ☐ I am aware of the risks associated with piercings, such as: inflammations, rejection, scarring or other aesthetic problems, and other possible complications.
- ☐ I acknowledge the finality of the procedure.
- ☐ I acknowledge that piercing is an open wound until it is completely healed.
- ☐ I have done researche about piercing aftercare and acknowledge the risks in failing to commit to it. These include, but are not limited to, inflammations, infections, in extreme cases and major neglect, even sepsis. I also understand that the aftercare is my responsibility and greatly affects the outcome of the healing.
- ☐ I have no illnesses, disorders nor other ailments that could cause harm or danger during the piercing to myself or the piercer (for example blood diseases such as hepatitis or HIV, hemophilia, any blood thinning medicine, dyskinesia or other fast, uncontrollable movements). If you are uncertain, please discuss with your piercer about possible risks before completing this form.
- ☐ I have no mental, physical nor medical issues that could affect my well-being directly or alter my decision about getting pierced

CHOSEN PIERCING(S):

CUSTOMER NAME:

DATE OF BIRTH:

PHONE NUMBER AND/OR E-MAIL:

DATE, SIGNATURE AND NAME IN PRINT:

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FILLED BY THE PARENT OR GUARDIAN OF A MINOR UNDER THE AGE OF 18:  
(By filling out and signing you consent to the procedure for the minor under your guardianship)

NAME OF THE PARENT OR GUARDIAN:

PHONE NUMBER AND/OR E-MAIL:

DATE, SIGNATURE AND NAME IN PRINT:

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