

# TATTOO MAFIA

72 Holly Oak Lane, Unit 4/5, Dover De. 19904 - [tattoomafia.net](http://tattoomafia.net)

## CONSENT TO APPLICATION OF BODY PIERCING AND GENERAL RELEASE OF ALL CLAIMS

By signing this CONSENT and RELEASE form I acknowledge that I have been given full opportunity to ask any and all questions I have about getting a body piercing at Tattoo Mafia, Inc. It is my choice to be pierced at my own risk and all the information provided on this document is up to date and accurate. In order for proper healing of your piercing procedure; we ask that you disclose if you have or have had any of the following conditions:

- I AM AT LEAST 18 YEARS OF AGE ----- YES / NO
- I AM UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGES (WINE, BEER, OR SPIRITS) ----- YES / NO
- I AM UNDER THE INFLUENCE OF A CONTROLLED SUBSTANCE ----- YES / NO

(IF YES PLEASE LIST MEDICATION) \_\_\_\_\_

- I AM PREGNANT ----- YES / NO
- I HAVE DIABETES ----- YES / NO
- I HAVE A HISTORY OF SKIN DISEASES, SKIN LESIONS, OR SKIN SENSITIVITY TO SOAPS OR DYES ----- YES / NO

(SOAP/DISINFECTANTS OR DYES) \_\_\_\_\_

- I HAVE A HISTORY OF EPILEPSY, SEIZURES, FAINTING, OR NARCOLEPSY ----- YES / NO
- I HAVE A HISTORY OF HEMOPHILIA (BLEEDING) ----- YES / NO
- I AM TAKING MEDICATION SUCH AS ANTICOAGULANTS OR ASPIRIN THAT THIN THE BLOOD AND INTERFERES WITH CLOTTING ----- YES / NO
- I UNDERSTAND THAT PIERCING IS A PERMANENT CHANGE TO MY APPEARANCE AND IT MAY BE IMPOSSIBLE TO CHANGE OR REMOVE IT LATER ----- YES / NO

I understand that infection and scarring is ALWAYS possible as a result of a piercing, especially IF I DO NOT TAKE PROPER CARE OF MY PIERCING, practice basic hygiene or if the piercing becomes injured while still healing. INJURY INCLUDES PICKING OR SCRATCHING OF THE SKIN WHILE PIERCING IS HEALING. I hear by release and forever discharge the business of Tattoo Mafia Inc.; The owners and employees of Tattoo Mafia Inc.; and the artist that does my piercing, their heirs, executors, agents and all other persons, corporations and entities of any liability, claims, demands, damages, action, causes of actions or suits of any kind for injuries of any nature, both known and unknown, to my person or property which may result from my request to be pierced. This includes, but is not limited to, entering, exiting or any location or property owned or leased by Tattoo Mafia Inc. It includes any liability connected in any way with the procedures, equipment, jewelry or conduct used in connection with my piercing, the location or placement on the body, the quality of workmanship, jewelry placement. I acknowledge that Tattoo Mafia Inc. reserves the right to refuse service to anyone for any reason at any time.

### I HAVE READ THIS ENTIRE RELEASE FORM AND AGREE TO ITS TERMS

#### MINOR'S INFORMATION:

PRINT NAME \_\_\_\_\_ PHONE# \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ EMAIL \_\_\_\_\_

ARTIST NAME \_\_\_\_\_

LOCATION OF PIERCING ON BODY \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

# TATTOO MAFIA<sup>®</sup>

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## CONSENT TO APPLICATION OF BODY PIERCING AND GENERAL RELEASE OF ALL CLAIMS

By signing this CONSENT and RELEASE form I acknowledge that I have been given full opportunity to ask any and all questions which I have about my minor son/daughter getting a body piercing at Tattoo Mafia, Inc. It is my choice to allow my minor son/daughter to be pierced at my their risk and all the information provided on this document is up to date and accurate.

### I HAVE READ THIS ENTIRE RELEASE FORM AND AGREE TO ITS TERMS

#### PARENT/LEGAL GAURDIAN:

I am the Parent/ Legal Guardian of \_\_\_\_\_ who is under the age of 18. I hear by grant permission for my minor son/daughter to be pierced.

**Photo I.D. from both parent/legal guardian and minor along with birth certificate/ guardianship documents and notarized form required by Tattoo Mafia Inc.**

**THESE DOCUMENTS MUST BE SUBMITTED PRIOR TO EACH PIERCING PROCEDURE.**

#### PARENT/LEGAL GUARDIAN'S INFORMATION:

PRINT NAME \_\_\_\_\_ PHONE# \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

NOTARY SIGNATURE \_\_\_\_\_ NOTARY STAMP: