

Piercing-Minor

Hartford County Tattoo LLC. and Body Piercing

Parental/ Managing Conservator/ Guardian information consent to body pierce release and waiver of all claims

I acknowledge by signing this agreement that I have been given the full opportunity to ask any and all questions I might have about the obtaining of a body piercing from the staff of Hartford County Tattoo LLC and that all of my questions have been answered to my full and total satisfaction. I specifically acknowledge by signing that I have read this document and have been advised of the facts set forth below, and I agree as follows:

-The PIERCEE does not have diabetes, epilepsy, hemophilia, a heart condition, hypoglycemia, high blood pressure, low blood pressure or take medicine which thins the blood. The PIERCEE does not have any infectious diseases such as, but not limited to hepatitis, HIV-AIDS, tuberculosis or any other communicable disease. The PIERCEE has not had jaundice or hepatitis within the last two years. The PIERCEE is not pregnant or nursing. The PIERCEE is not under the influence of alcohol or drugs. The PIERCEE does not, to my knowledge, have any medical condition that may place him/her or the representatives of Hartford County Tattoo LLC at risk during the course of the body piercing to be performed. I understand that if I misrepresented any medical condition that may place the owner or any representatives of Hartford County Tattoo LLC at risk, I may be held liable to the fullest extent of the law. The PIERCEE does not have medical or skin condition such as, but not limited to: acne, scarring (keloid), eczema, psoriasis, freckles, moles, or sunburn in the area to be pierced that may interfere with said piercing.

-I acknowledge that the PIERCEE is not allergic to iodine or latex and that it is not reasonably possible for the representatives or owner of Hartford County Tattoo LLC to determine whether the PIERCEE might have a allergic reaction to the equipment or processes used in the piercing. I agree to accept the risk that such a reaction is possible.

-I acknowledge that infection is always possible as a result of the obtaining of a piercing, particularly in the event that the PIERCEE does not take proper care of the piercing, and I agree the PIERCEE will follow all instructions concerning the care of the piercing while it is healing. I will provide assistance to the PIERCEE in following the instructions if necessary. I have been given these instructions, understand and the PIERCEE and myself will follow them. I agree that any follow-up work needed, due to my own or PIERCEES negligence, will be done at my own expense.

-I acknowledge the potential risks of disfigurement associated with body piercing. I understand that removal of the piercing may leave permanent scarring and disfigurement. To my knowledge, The PIERCEE does have any physical, mental, or medical impairment or disability which might affect their well-being as a direct or indirect result of the decision to have any piercing related work done at this time.

- I consent to the piercing and to any actions or conduct of the owner or contractors of Hartford County Tattoo LLC. reasonably necessary to perform the piercing procedure. I release all rights to any photographs taken, and give my complete advance consent for their reproduction in any print or electronic form, or exhibition in any venue.

-I acknowledge that there is no legal reason that precludes me from giving my consent for the piercing to be performed. I agree to release and hold harmless Hartford County Tattoo LLC, its owner and representatives from any and all claims, damages, demands, rights, or legal actions arising from or connected in any way with the piercing or the procedures and conduct used to obtain the piercing. I forfeit my right, as well as the PIERCEES, and the rights of any heirs or estates to seek compensation for any injuries, damages and deaths resulting from my decision to allow the PIERCEE to undergo this piercing, whether or not caused by negligence. In the event of any litigation arising from or related to this agreement or the services provided under this agreement, Hartford County Tattoo LLC shall be entitled to recover all reasonable costs incurred, including staff time, court costs, attorney's fees and all other related expenses in such litigation from the non-prevailing party if Hartford County Tattoo LLC is the prevailing party.

-I agree to leave the premises of Hartford County Tattoo LLC, promptly upon request, for any reason whatsoever. I understand that Hartford County Tattoo LLC reserves the right to refuse service to anyone for any reason. Additionally, Hartford County Tattoo LLC reserves the right to decline to perform certain piercings on any individual at the discretion of the piercer on duty.

-----**GUARDIAN PLEASE COMPLETE IN INK**-----

I have reviewed, understood and agree to the policies and requirements of Hartford County Tattoo LLC and hereby give the consent to Hartford County Tattoo LLC to perform the tattoo work on my person. I have received and agree to follow all aftercare instructions.

Printed Name of Guardian: _____ Phone () _____

Address: _____
City State Zip

ID Number(je: License) _____ ID Type: _____ Expires: _____ DOB: _____

Signature: _____ Date: _____

Printed name of Minor / PIERCEE: _____ Phone () _____

Address: _____
City State Zip

ID Number _____ ID Type: _____ Expires: _____ DOB: _____

Signature: _____ Date: _____

-----**ARTIST PLEASE COMPLETE**-----

Piercing to be performed (circle 1 only- a separate form must be completed for each piercing)

Navel Tongue Nostril Septum Eyebrow Lip Earlobe Other _____

Artist: _____ Date _____