

REGISTRATION AND CONTACT FORM

Do you have any health concerns that may be of concern in the piercing process?
(for example a heart condition, epilepsy, tendency to faint...)_____

Part of body to be pierced_____

I acknowledge that in the event that any damage is caused to my skin by the treatment that you will not be responsible for the same, and that I shall not be entitled to take any action against you either at Law or in Equity in respect for such treatment. I understand that the home care instructions in body piercing must be adhered to in order to promote healing. I acknowledge that I have been given the opportunity to ask any questions and that any questions I have asked, have been answered to my satisfaction. I am in sound physical health and hereby voluntarily request and consent to the above mentioned treatment.

First Name _____ Last Name _____

Mobile Phone _____ Email _____

Photo ID Provided _____ ID Number _____

Signature _____ Date _____

Date of Birth _____ Staff Name _____

Clients aged under 18

If client is under 18, parent/legal guardian has been consulted and authorisation has been given for the body piercing.

I,(full name), give authorisation for my son/
daughter named above, to have the body piercing stated at the top of this registration and
contact form.

Signature _____

Phone _____