

# **KDzTATTOOs - PIERCINGS RELEASE FORM**

I am at least 18 years old.

I do not have a heart condition. I do not have epilepsy. I do not have hepatitis. I am not a hemophiliac. I do not have diabetes. I am not under the influence of drugs or alcohol. I do not have Aids, HIV or any immune deficient condition.

I am not pregnant or nursing presently.

I do not have any physical, mental or medical impairment or disability, which might affect my well being as a direct result of my decision to have my body pierced. Ex.) Allergies to latex, antibiotics, ink, metals, or lanolin.

I agree to follow all instructions concerning the after care of my piercing. I agree that any reaction or rejection will be my responsibility.

Being of sound mind and body, I hereby release any and all persons at Piercings By **KDzTATTOOs** from all responsibility. I accept any and all responsibility myself for any consequences that might stem from my decision to have any piercing by Piercings By **KDzTATTOOs**.

I agree not to sue Piercings By **KDzTATTOOs** or its staff, past, or present, for any damages, claims, demands, rights and causes of action of nature whatsoever for any injuries or property damages or death of myself or to any other persons arising from my decision to have any piercing work done at Piercings By **KDzTATTOOs** by any person who so ever.

I agree for myself, my heirs, my assignees, and legal representatives to hold Piercings By **KDzTATTOOs** blameless for any damages, actions, causes of actions, claims of action, class action suits, costs of litigation, attorney's fees, and all costs and expenses what so ever which might arise from my decision to have any piercing work done by Piercings By **KDzTATTOOs**.

I agree to pay for any and all damages to any and all persons and property belonging to Piercings By **KDzTATTOOs**, corporate directors and employees and to any other persons or companies which may become libel contractually or by operation of law, caused by, or resulting from my decision to have any piercing work done by **KDzTATTOOs**, employees or corporate directors.

I agree that this waiver also pertains to and is designed to protect any and all establishments where Piercings By **KDzTATTOOs**, corporate directors or employees conduct piercing.

I authorize Piercings By **KDzTATTOOs** to use, display, distribute, sell, alter, and publish any and all photos taken of my piercing(s). I agree not to request any monies or gratuities from the use, display, distribution, sale, alteration or publication of any or all photos taken by **KDzTATTOOs**.

I represent to Piercings By **KDzTATTOOs**, corporate directors and employees that the following information is true and correct.

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PLEASE PRINT (This form must be completed before work will proceed:

Name: \_\_\_\_\_ (First), \_\_\_\_\_ (Last), Age: \_\_\_\_\_

Driver's License: # \_\_\_\_\_ , Birthdate: \_\_\_\_\_ , Phone: # \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ , Today's Date: \_\_\_\_\_

Artist Signature: \_\_\_\_\_