Imperial inc piercing consent

PLEASE INITIAL IN THE RED BOXES PROVIDED AFTER READING TO SHOW THAT YOU UNDERSTAND EACH PROVISION. FEEL FREE TO ASK ANY QUESTIONS REGARDING THIS WAIVER.

In consideration of receiving a skin breaking procedure from “Imperial Inc NZ Ltd” including its artists, associates, apprentices, agents, or any employees (hereinafter referred to as the “Tattoo Studio” I agree to the following:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (Print Name) have been fully informed of the inherent risks associated with being pierced. Therefore, I fully understand that these risks, known and unknown, can lead to injury including but not limited to: infection, scarring, bleeding, latex gloves and/or soap. Having been informed of the potential risks associated with being pierced I wish to proceed with the procedure and application and freely accept and expressly assume any and all risks that may arise from said procedure.

\_\_\_\_\_\_ - I WAIVE AND RELEASE to the fullest extent permitted by law any person of Imperial Inc NZ Ltd from all liability whatsoever, including but not limited to, any and all claims or causes of action that I, my estate, heirs, executors or assigns may have for personal injury or otherwise, including any direct and/or consequential damages, which result or arise from the procedure, whether caused by the negligence or fault of either the Tattoo Studio, or otherwise.

\_\_\_\_\_\_ - The Tattoo Studio has given me the full opportunity to ask any questions, if any, and they have been answered to my total satisfaction.

\_\_\_\_\_\_ - The Tattoo Studio will give me instructions on the care of my piercing while it's healing. I understand and will follow them. I acknowledge that it is possible that the piercing can become infected, particularly if I do not follow the instructions given to me.

\_\_\_\_\_\_ - I am not under the influence of alcohol or drugs, and I am voluntarily submitting to be pierced by the Tattoo Studio without duress or coercion.

\_\_\_\_\_\_ - I do not suffer from diabetes, epilepsy, hemophilia, heart condition(s), nor do I take blood thinning medication. I do not have any other medical, blood borne or skin condition that may interfere with the procedure, application or healing of the piercing. I am not the recipient of an organ or bone marrow transplant or, if I am, I have taken the prescribed preventative regimen of antibiotics that is required by my doctor in advance of any invasive procedure such as tattooing or piercing. I am not pregnant or nursing.

\_\_\_\_\_\_ - I acknowledge that I have been given adequate opportunity to read and understand this document that it was not presented to me at the last minute and grasp that I am signing a legal contract waiving certain rights to recover damages against the Tattoo Studio.

I hereby declare that I am of legal age (and have provided valid proof of age and identification) and am competent to sign this Agreement.

I HAVE READ THE AGREEMENT, I UNDERSTAND IT, AND I AGREE TO BE BOUND BY IT.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Form of Identification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_