

HEALTH QUESTIONARE AND INFORMED CONSENT FOR BODY PIERCING(S)
FULL RELEASE AND WAIVER OF ALL CLAIMS - MINORS

I acknowledge by signing this agreement that I have been given the full opportunity to ask any and all questions which I might have about the obtaining of a PIERCING(S) from Amulet Arts and that all of my questions have been answered to my full and total satisfaction. I specifically acknowledge that I have been advised of the facts and matters set forth below and I agree as follows by INITIALING each line:

_____ I acknowledge that I am not currently under the influence of any type of drugs or alcohol.

_____ I acknowledge that I have eaten a meal within the past 4-6 hours.

_____ I acknowledge that the obtaining of a piercing(s) is by my choice alone and I give informed consent to any and all actions needed to perform the piercing(s) and/or procedure.

_____ To my knowledge, I do not have any physical, mental, or medical disability that might affect my well-being as a direct and/or indirect result of my decision to get a piercing(s).

_____ I have made Amulet Arts fully aware of any relevant conditions that might affect the healing of a piercing(s), including but not limited to: pregnancy, nursing, herpes, diabetes, hemophilia or any other bleeding disorder, cardiac valve disease, and allergic reactions to latex, iodine, shellfish, citrus, antibiotics, etc. Additionally, I have disclosed any history of and/or current use of medications such as Accutane, anti-coagulants, or being prescribed antibiotics prior/after surgical and dental procedures.

_____ I acknowledge that complications, infection, and/or migration are always a possibility as a result from a piercing(s), particularly in the event that I do not take proper care of the piercing(s). I agree to follow all suggestions given by Amulet Arts concerning aftercare while it is healing.

_____ I agree to fully release and waive Amulet Arts and their landlords, owners, employees, and/or patrons from any and all claims, damages, and/or legal actions arising from or connected with in any way with my piercing(s) and/or procedure.

_____ I acknowledge that I have legally and truthfully represented to Amulet Arts that I am the age of at least 14 years old and I certify under Penalty of Perjury that all information provided is true and correct.

MEDIA CLAUSE

_____ I acknowledge and I agree that I, as well as any member of my party, will ONLY photograph my piercing(s) and/or procedure and that video recording in any format is NOT allowed.

_____ (OPTIONAL) I acknowledge and I agree that IF any media is recorded specifically by Amulet Arts involving my piercing(s) and/or procedure including but not limited to: photograph, video, or audio; that said media are then the exclusive and sole property of Amulet Arts and I hereby give my permission for any said media to be used for purposes including but not limited to: portfolios, education, advertising, etc.

Client Legal Name : _____ Preferred Name/Nickname : _____

Address : _____ City : _____ State : _____ Zip : _____

Date of Birth : _____ Age : _____ Phone Number : _____ Email : _____

Client Signature : _____ Parent Signature : _____ Date: _____

NEW YORK STATE NOTARY ACKNOWLEDGMENT

THE STATE OF NEW YORK

COUNTY OF _____

On the _____ day of _____ in the year _____ before me, the undersigned, personally appeared _____ personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

VALID IDENTIFICATION TO BE PHOTOCOPIED ONTO THE BACK *CREDIT/DEBIT/CASH*** Jewelry :
Gauge-____ Length-____ Diameter-____ Material-____ Type/Style-____ Bead/Disk-____ Setting/Design-____ Gem Size-____ Color-____ Company-____
Piercing(s) : _____ Piercer : _____ Sterilization Cycle : _____ Amount Due : _____