Body Piercing Consent & Release Form

The Procedure

I am requesting a body piercing from . I understand that the piercing will be performed with a sterile, single-use needle and that jewelry will be inserted through the new opening in my skin or cartilage. I understand that the procedure involves brief pain, some bleeding, and swelling, tenderness and redness that may last several days or longer.

I have discussed with my piercer the placement, angle and jewelry for my piercing, and I approve them. I understand that my anatomy may make some placements unsuitable, and that my piercer may recommend a different placement or decline to perform a piercing.

Jewelry

I understand that uses jewelry made of implant-grade materials suitable for initial piercings. Initial jewelry is often longer or larger to allow for swelling, and I may need to return for a shorter post ("downsizing") once the swelling goes down. I understand that changing my jewelry before the piercing has healed, or replacing it with low-quality jewelry, increases my risk of complications.

Health Disclosure

I have answered the health questions truthfully. I have told my piercer if I:

- am pregnant or breastfeeding;
- have diabetes, hemophilia or another bleeding disorder, heart conditions, epilepsy or an immune-compromising condition;
- take blood thinners, steroids or other medication that affects bleeding or healing;
- have allergies to metals (such as nickel), latex, antiseptics or soaps;
- have a history of keloids, hypertrophic scarring or poor wound healing; or
- have a skin condition, rash, sunburn or infection at or near the piercing site.

I confirm I am not under the influence of alcohol or drugs and have eaten recently.

Risks

I understand that, even when the piercing is performed correctly with sterile equipment, risks include:

- local infection, which may require medical treatment, and, rarely, more serious infection;
- allergic reaction to the jewelry material or aftercare products;
- irritation bumps, hypertrophic scarring or keloids;
- migration or rejection, where the body pushes the jewelry toward the surface;
- jewelry being caught, torn or embedded if swelling exceeds the jewelry's length;
- for oral piercings, damage to teeth and gums and swelling of the tongue;
- for facial piercings, minor nerve irritation or temporary numbness; and
- fainting or light-headedness during or after the procedure.

Healing and Aftercare

I have received written aftercare instructions and agree to follow them. I understand that healing times vary widely, from several weeks for some earlobe piercings to many months for cartilage, navel and surface piercings, and that a piercing can look healed on the outside before it has healed inside. During healing I will clean the piercing as instructed, avoid touching it with unwashed hands, avoid pools, hot tubs, lakes and the ocean, and avoid sleeping on it or snagging it on clothing. If I notice signs of infection, such as spreading redness, heat, thick yellow or green discharge, fever or red streaks, I will contact a doctor and will not remove the jewelry unless a doctor advises it, as this can trap an infection.

No Guarantee

I understand that every body heals differently and that cannot guarantee how my piercing will heal, look or last.

Age and Identification

I confirm that I am at least 18 years old and have shown valid photo identification, or that I am a minor whose parent or legal guardian is present, has shown identification and proof of relationship as required, and consents to this piercing on my behalf.

Release

I voluntarily accept the risks of body piercing. To the fullest extent permitted by law, I release , its owners, piercers and staff from claims for injury, illness or dissatisfaction arising from the procedure or healing, except claims caused by gross negligence or willful misconduct. This consent is governed by the laws of the state or country in which operates. If any part is unenforceable, the rest remains in effect.

Please initial each statement

___ I am at least 18 years old, or my parent or legal guardian is present and consents on my behalf.

___ I have disclosed all relevant health conditions, allergies and medications.

___ I approve the placement and jewelry for my piercing.

___ I have received aftercare instructions and understand healing can take many months.

___ I understand the risks of piercing and release {{business}} as described, to the extent permitted by law.

Participant full name

Date

Date of birth

Phone

Email

Name(s) of minor participant(s)

Parent / guardian name

Signature