

SPARROW TATTOO
352 HEMPSTEAD AVE
W. HEMPSTEAD, NY 11552
516-292-2408
CONSENT TO BODY PIERCING OF MINOR
AND RELEASE OF CLAIMS

I, _____, ("Client"), am the parent/legal guardian of _____.

I hereby give my consent to body piercing of my son or daughter listed below and stated hereon. I fully understand that the Piercer does not act as a medical professional and that any suggestions or statements made to me by the Piercer are not to be construed as or substituted for medical advice or instruction. I acknowledge that I have been given the full opportunity to ask any and all questions which I might have about obtaining a body piercing from Sparrow Tattoo and its employees and all my questions have been answered to my full and total satisfaction. I acknowledge I have been advised of the matters set forth below and I agree as follows:

1. My child is not pregnant or nursing. My child does not have epilepsy or hemophilia. My child does not suffer from any heart conditions or take medication which thins the blood. I have informed the Piercer of any condition such as diabetes that might hamper healing of the piercing of my child.
2. If my child suffers from hepatitis, or any other communicable disease, I have informed the Piercer of this fact and I have been advised of any procedures necessary to promote the satisfactory healing of his or her piercing.
3. My child does not suffer from medical or skin conditions such as, but not limited to: keloid or hypertrophic scarring, psoriasis at the site of the piercing or any open wounds or lesions at the site of the piercing.
4. I have advised the Piercer of any allergies that my child might have to metals, latex gloves, soaps and medications. I acknowledge it is not reasonably possible for the Piercer to determine whether my child might have an allergic reaction to the piercing or processes involved in the piercing and further acknowledge that such a reaction is possible.
5. My child is not under the influence of drugs or alcohol. To my knowledge, my child does not have any physical, mental or medical impairment or disability which might affect his or her well-being as a direct or indirect result of my decision to have a piercing done at this time.
6. I acknowledge that obtaining this piercing is my child's and my choice alone and will result in a permanent change to my child's appearance, and that no representation has been made to me as to the ability to later restore the skin involved in this piercing to its pre-piercing condition.
7. I acknowledge infection is always possible as a result of obtaining a piercing. My child and I have received aftercare instructions and we agree to follow all of them while my child's piercing is healing.
8. The Piercer stated hereon has fully explained to me and to my child the nature of the procedure(s) and has informed us of the potential complications and risks including, but not limited to: bleeding, pain, swelling, infection, prolonged healing, scarring, nerve damage, fainting and death.
I am aware that Body Art Procedures are invasive and may involve possible health risks, especially for people with certain underlying medical conditions. I am also aware that I should consult with my physician and my child's physician prior to receiving any Body Art Procedure. If my child experiences an adverse effect during the healing period related to the Body Art Procedure that my child received, we have been advised to seek medical care as soon as possible and advise the Body Artist and/or the Body Art Establishment where my child received the procedure.

*NOTE: It is possible to become infected with Hepatitis B, Hepatitis C, HIV or any other blood-borne disease with any procedure that involves exposure to blood products or instruments contaminated with blood products. In addition, an individual cannot donate blood for 12 months after having any body art procedure. We have been provided with a copy of Aftercare Instructions and Notice Regarding Healing Periods for my child's particular Body Art Procedure. We have also had the opportunity to have any questions about the procedure answered.

We request the Piercer to pierce my child's _____.
On behalf of my child and myself, I agree to release and forever discharge and hold harmless the Piercer, Sparrow Tattoo and all its employees from any and all claims, damages or legal actions arising from or connected in any way with my child's piercing, or the procedure and conduct used in my child's piercing. I certify that my child is willingly submitting to the procedure stated herein.

Date: _____ Name: _____

Address: _____

Name of Minor to be Pierced: _____ Minor's Age: _____

Address: _____

Drivers Lic of Parent/Legal Guard: _____ Driver's Lic # of Minor: _____

Signature of Parent/Legal Guardian: _____

Signature of Minor: _____

Name of Piercer: _____ Signature of Piercer: _____

Fee: _____ Type of Payment: Cash Credit

STATE OF NEW YORK (COUNTY OF NASSAU)

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

Notary Public
I certify that the body piercing work has been completed to my satisfaction.

Parent/Legal Guardian Signature