



Crown Ink Studio

TATTOO . PIERCING . CROWN HEIGHTS, BROOKLYN



CONSENT FORM . READING COPY

Consent to Pierce & Release of Claims

Read before you come in. You will complete and sign this form on the iPad at the studio.



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Consent to Pierce & Release of Claims

559 Nostrand Ave, Crown Heights, Brooklyn, NY

(347) 750-5751 . crowninkstudio.co

CONSENT FORM

Consent to Pierce & Release of Claims

Reading copy. You will complete and sign this form on the iPad at the studio — there is nothing to fill in here.

I acknowledge by signing this Release that I have been given the full opportunity to ask any and all questions which I might have about obtaining a piercing from **Crown Ink Studio**, 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. I am not pregnant or nursing. If I have any condition that might affect the healing of this piercing, I will inform my piercer.
2. I do 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.
3. I have advised the Piercer of any allergies to metals, latex gloves, soaps and medications. I acknowledge it is not reasonably possible for the Piercer to determine whether I might have an allergic reaction to the piercing or processes involved in the piercing, and further acknowledge that such a reaction is possible.
4. I have truthfully represented to the Piercer that I am over the age of 18 years, or that my parent or legal guardian is present and has signed below. I am not under the influence of drugs or alcohol. To my knowledge, I do not have any physical, mental or medical impairment or disability which might affect my well-being as a direct or indirect result of my decision to have a piercing done at this time.
5. I acknowledge that obtaining this piercing is my choice alone and will result in a permanent change to my 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.
6. I acknowledge infection is always possible as a result of obtaining a piercing. I have received aftercare instructions and I agree to follow all of them while my piercing is healing.
7. I understand I will be pierced using appropriate instruments and sterilization.

I understand this type of piercing usually takes the time my piercer advises, or longer, to heal. I agree to release and forever discharge and hold harmless the Piercer and all employees of Crown Ink Studio from any and all claims, damages or legal actions arising from or connected in any way with my piercing, or the procedure and conduct used in my piercing.

Clients under 18 — parent or legal guardian

New York State permits body piercing of a minor only with a parent or legal guardian present who provides written consent. The guardian must show valid government photo ID.

Valid government photo ID is required for every client (and guardian). This signed form is kept on file at Crown Ink Studio.

Crown Ink Studio . 559 Nostrand Ave, Crown Heights, Brooklyn, NY . (347) 750-5751 . 559crownink@gmail.com .
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