

**MINOR CHILD 17 YEARS OF AGE OR UNDER CONSENT TO BODY PIERCING PROCEDURE  
AND RELEASE AND WAIVER OF ALL CLAIMS**

\_\_\_\_ CREDIT CARD

**BEYOND TABOO TATTOO & PIERCING STUDIO  
1995 S. 8<sup>th</sup> Street, Fernandina Beach, Fl. 32034**

**It is your obligation as a parent to do any research concerning complications associated with getting Body Piercings, prior to your minor child getting these, and judge for yourself if you should take the risk. ALWAYS remember, piercings are open wounds, and must be cared for properly by strictly following our guidelines. IF MINOR CHILD IS UNDER THE AGE OF 16, PARENT/GUARDIAN MUST BE PRESENT DURING PIERCING PROCESS.**

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*I acknowledge, by signing below, that I have been given full opportunity to ask any questions about my minor child obtaining a Body Piercing from Beyond Taboo Tattoo & Piercing Studio, and that all my questions have been answered to my full and total satisfaction. I specifically acknowledge that by my initials I agree to the following terms and everything written below is true to the best of my knowledge. I also understand that if I produce false documents as to my identification, age, relationship to this minor or make false statements, I am liable for prosecution:*

**Please read and INITIAL each of the following statements:**

- \_\_\_\_\_ I am confident that BEYOND TABOO TATTOO & PIERCING STUDIO's employees are competent and will use appropriate instruments and techniques and I am satisfied all of the equipment used has been properly Sterilized and Stored and BEYOND TABOO's Employees have demonstrated the level of Professionalism Necessary to perform this service for my minor child.
- \_\_\_\_\_ I acknowledge that it is not reasonably possible for my minor child's piercer to determine whether they might have an allergic reaction to the jewelry or processes used in their piercing, and I agree to accept the risk that such a reaction is possible.
- \_\_\_\_\_ I acknowledge that infection is always possible, particularly if my minor child does not take care of their piercing properly.
- \_\_\_\_\_ I acknowledge I have received, read, and understand the pre-piercing educational material issued to me by this studio.
- \_\_\_\_\_ I acknowledge that I agree to help my child follow the instructions given to me and explained to me for time period indicated.
- \_\_\_\_\_ I acknowledge that **I am the Parent/Legal Guardian of this minor child.**
- \_\_\_\_\_ I acknowledge that **I this minor child is not pregnant.**
- \_\_\_\_\_ I acknowledge that I nor my child are under the influence of any Drugs, Alcohol or intoxicating substances.
- \_\_\_\_\_ I acknowledge that it is my sole responsibility to look at and approve of placement of piercing.
- \_\_\_\_\_ I hereby give Beyond Taboo Tattoo permission to copyright and/or use and/or publish photographs of me or my minor child or in which we may be included in whole or in part or reproductions thereof for art, advertising, display, or any other lawful purpose whatsoever.
- \_\_\_\_\_ I acknowledge that I hereby release this studio, independent contractor, and any and all employees and agents from any and all manner and type of liability and claim, action, demand or compensation, in law and equity, which I or my heirs have or might have, now or hereafter by reason of my request for my minor child to be pierced. I agree to these statements entirely of my own free will and sound mind. This is a legally binding contract.

**DOES THIS MINOR CHILD HAVE A HISTORY OF EPILEPSY? \_\_\_ HEART/ HEART VALVE DISEASE? \_\_\_ AIDS? \_\_\_ DIABETES? \_\_\_ BLEEDING DISORDER? \_\_\_ HEPATITIS? \_\_\_ FAINTING? \_\_\_ INFECTIONS? \_\_\_ ALLERGIES? \_\_\_**

**Body Part/Location of Piercing:** \_\_\_\_\_

**Jewelry Type, Gauge, and Size:** \_\_\_\_\_

**Complications during piercing procedure (if any):** \_\_\_\_\_

**Piercer's Printed Name:** \_\_\_\_\_ **Piercer's Signature:** \_\_\_\_\_

**Date of this visit:** \_\_\_\_\_ **Subsequent visits:** \_\_\_\_\_

**CLIENT NAME:** \_\_\_\_\_ **DATE OF BIRTH** / / **Race:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:(** \_\_\_\_\_ **)** \_\_\_\_\_

**\*Emergency Contact Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Phone:(** \_\_\_\_\_ **)** \_\_\_\_\_

**\*Personal Physician's Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Phone:(** \_\_\_\_\_ **)** \_\_\_\_\_

**CLIENT SIGNATURE:** \_\_\_\_\_ **DATE** / / \_\_\_\_\_

**Parent/Legal Guardian**

**Notarized Signature:** \_\_\_\_\_ **DATE** / / \_\_\_\_\_

**Notary:** \_\_\_\_\_ **DATE** / / \_\_\_\_\_