

PIERCING CONSENT FORM

I hereby commission *Pharma Ink Studio, Bahnhofstrasse 17, 8932 Mettmenstetten*, to perform a piercing on me in accordance with the required safety precautions and using only high-quality materials. I declare that I am having the piercing done voluntarily and at my own request. I am aware that piercing is a procedure that requires proper care and aftercare. However, infection can never be completely ruled out and therefore requires ongoing self-monitoring. Should any complications occur during the healing process, I will immediately seek guidance from *Pharma Ink Studio*. If I consult a medical doctor, I will do so at my own expense. In such a case, I release *Pharma Ink Studio* from all legal claims. I have received important information regarding aftercare and possible complications.

PLEASE WRITE IN CAPITAL LETTERS!

Personal Details

Full name: _____

Date of birth: _____

Address: _____

Phone / *Email: _____

Type of piercing / body area: _____

Date: _____

Name of piercer: _____

* Your address/email will be used for promotional purposes (vouchers, news, etc.) and will not be passed on to third parties or other companies.

Health Declaration

I confirm that I have informed the piercer about any current or previous health conditions, in particular:

Blood clotting disorders Diabetes Autoimmune diseases Skin conditions (e.g. eczema, psoriasis) Epilepsy Pregnancy Allergies (especially to metals, disinfectants or aftercare products) Regular medication intake (e.g. blood thinners) HIV/AIDS/Hepatitis Alcohol or drug consumption within the last 24 hours

* If information is withheld that could result in health risks or even life-threatening danger to the client or studio staff, legal action may be taken.

Photo and Documentation Consent

I agree that photos of my piercing may be taken for documentation purposes.

I agree that anonymised photos may be used for reference or marketing purposes.

I do not agree.

The client confirms that they have read and understood everything and agree to the above.

Signature: _____

Signature of legal guardian**: _____

** For minors, the signature of a parent or legal guardian is mandatory and is only valid with telephone confirmation from the parents.

Confirmed with parents by phone.

Signature of piercer: _____