

BONE DEEP TATTOO'S
2551 E VENTURA BLVD CAMARILLO CA 93010 805-388-1444

PIERCING RELEASE

TO INDUCE BONE DEEP TATTOO'S TO PIERCE

MY: _____

IN CONSIDERATION OF MY NEW PIERCING, I HEREBY RELEASE BONE DEEP TATTOO'S AND ITS EMPLOYEES AND AGENTS FROM ALL MANNER OF LIABILITIES, CLAIMS, ACTIONS AND DEMANDS IN LAWS OF IN EQUITY, WHETHER ARISING FROM NEGLIGENCE OF IN ANY OTHER MANNER, WHICH I OR MY HEIRS HAVE OR MIGHT HAVE NOW OF HEREAFTER BY REASON OF COMPLYING WITH MY REQUEST TO BE PIERCED. I HEREBY VOLUNTARILY ASSUME ANY AND ALL RISK OF INJURY, HARM AND/OR REASON DAMAGE RESULTING FROM OR CONNECTED WITH MY PIERCING(S). THERE IS A RISK OF INFECTION OR ALLERGIC REACTION.

I UNDERSTAND THAT BONE DEEP WILL BE PIERCING ME USING APPROPRIATE INSTRUMENTS AND TECHNIQUES. TO ENSURE PROPER HEALING I AGREE TO THE FOLLOWING PROCEDURES OUTLINED ON THE PIERCING CARE SHEET FOR THE CARE OF MY PIERCING. I UNDERSTAND THAT THIS TYPE OF PIERCING USUALLY **TAKES** _____ **OR** LONGER TO HEAL.

I HAVE **READ**, UNDERSTOOD, AND SIGNED THIS RELEASE ON THIS

DATE: _____

NAME: _____ AGE: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE (____) _____

PHOTO ID/TYPE _____ NUMBER: _____

JEWELRY: _____ PIERCER: _____ TOTAL FEE: _____

I DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION SET FORTH HEREIN IS TRUE AND CORRECT

SIGNATURE: _____ DATE: _____

To help us serve you better, please circle YES OR NO to the following questions, your answers will be held in strict confidence.

Have you eaten with in the last four hours?	YES	NO
Have you had any alcoholic beverage or Drugs in the last eight hours	YES	NO
Are you prone to fainting?	YES	NO
Are you a hemophiliac or prone to heavy bleeding?	YES	NO
Have you taken aspirin, ibuprofen, and anticoagulants with in the last 24 hours?	YES	NO
Are you allergic to anything?	YES	NO
Are you a diabetic?	YES	NO

How did you hear about BONE DEEP TATTOO? _____