

Tattoo Blu LLC
25311 Kingsland Blvd Suite 180C Katy TX 77494
Piercing Consent Form

I acknowledge by signing this release form that I have been given the full opportunity to ask any and all questions I might have about obtaining a piercing from Tattoo Blu LLC. And I agree as follows:

- I am not under the influence of alcohol or drugs. NO PERSON MAY BE BODY PIERCED WHO APPEARS TO BE UNDER THE INFLUENCE OF ALCOHOL OR DRUGS.
- I have looked at my design/placement, give my full consent to the piercer to perform my piercing.
- I acknowledge that I am at least 18 years old or older.
- I acknowledge that Tattoo Blu LLC nor the Piercer is responsible for any allergic reaction I may have. I acknowledge that allergic reactions are possible, and I accept the risks.
- I acknowledge that infection is always possible as a result of obtaining a piercing particularly in the event that I do not take proper care of my pierced area, and I accept the risks, and I understand that Tattoo Blu LLC, nor the Piercer shall be held responsible.
- I acknowledge that I will or have been given written and verbal after care instructions.
- I agree to release and forever discharge and forever hold harmless Tattoo Blu LLC and its Piercers, Associates, Agents, and any other stake holder, from any and all claims, damage, or legal actions arising and/or connected in any way to my services obtained here today including but not limited to my piercing(s).
- I acknowledge that there is a chance I might feel lightheaded, dizzy, or otherwise ill during or after being pierced. I agree to immediately notify the Piercer if this happens while being pierced. And it is up to the Piercer's discretion to continue service, and Tattoo Blu LLC nor the Piercer are in any way responsible.
- I agree to follow the aftercare instructions as advised by the Piercer, and any re-piercings needed because of my own negligence will be done at my own expense.
- I understand the risks of obtaining piercing(s) may include but are not limited to infection, scarring, allergic reactions, or anything else, and I still like to proceed with this service, and I assume full responsibility.

You are hereby notified of the possible risks and dangers associated with receiving a body piercing. These risks and dangers include, but are not limited to, at least the following:

- The possibility of discomfort or pain;
- The possibility of scarring;
- The possibility of bleeding;
- The possibility of swelling;
- The risk of infection;
- The possibility of nerve damage; and the increased risk for adolescents during certain stages of development.

Client's Full Name: _____

Client's Date of Birth: _____ **Client's Age:** _____

Type of Identification Provided: _____ **Location of Piercing:** _____

Email: _____ **Phone:** _____

Signature: _____ **Today's Date:** _____

To Be Completed by Artist:

Artist Name: _____

Email this form to info@tattooblu.com please include any information regarding your appointment or desired appointment date and time.

An artist may not perform body piercing on a person younger than 18 years of age without the consent of a parent, managing conservator, or guardian and meeting the requirements of 25 Texas Administrative Code, §229.406(e).