

BODY PIERCING RELEASE AND ACKNOWLEDGEMENT FORM

ALL BODY PIERCING

Is done with an individually prepackaged surgical steel needle. I understand I will be pierced using appropriate sterilization techniques to ensure proper healing for my piercing. I agree to follow the procedures outlined until healing is complete.

Name: _____

Email/Facebook: _____

Date: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Date of Birth: _____ Phone: _____

Signature: _____

Signature: _____

(Of guardian or parent if under 16)

How did you hear about us?

ADD US TO

FOLLOW US ON

FOLLOW US ON



Word of mouth

Radio

Print/magazine

Internet

Other _____

550 Parkside Drive, U
Waterloo, ON N2L 5
t. 519.746.5692
e. info@kkpwaterloo.ca
w. www.kkpwaterloo.ca

P
Artwork

Please review carefu
info

OK proceed

Date: _____

Approved by: _____

I take full
attached

FOR INTERNAL USE ONLY

Body Piercer: _____

Type of jewelry: _____ Location of Piercing: _____

Needle Gauge: _____ Jewelry gauge: _____

Sterilization Badge: _____

New Location

New Location

New Location

12 University Ave. E.
Waterloo, ON
N2J 2V7
t: 519.886.1212

691 Richmond St.
London, ON
N6A 5M1
t: 519.434.6080

CF Masonville Place
1680 Richmond St.
London, ON
N6G 3Y9
t: 519.601.9550

226 Bear St., Unit #2
Banff, Alberta
T1L 1A9
t: 403.762.8882

Georgian Mall
509 Bayfield St.
Barrie, ON
L4M 4Z8
t: 705-503-9592

136 Dalhousie St.
Brantford, ON
N3T 2J3
t: 519.304.7136

51 Main St., PO Box 118
Grand Bend, ON
NOM 1T0
t: 519.238.1649

47 Beach Drive
Wasaga Beach, ON
L9Z 2K2
t: 705.429.5745

1256 Mosley Drive
Wasaga Beach, ON
L9Z 2E2
t: 705.352.1100

SHOP ONLINE! www.perfectimage.ca

PIERCING WAIVER, RELEASE AND CONSENT

PLEASE READ AND BE CERTAIN YOU UNDERSTAND THE IMPLICATIONS OF SIGNING

PLEASE INITIAL EACH PROVISION ON THE LINES PROVIDED AFTER READING TO SHOW THAT YOU UNDERSTAND EACH PROVISION.

In consideration of receiving a piercing from _____ (the "Artist") at 1837496 Ontario Ltd. o/a **Perfect Image** (together with its employees, apprentices and agents, the "Piercing Studio"), I agree to the following:

That I, _____ (clearly PRINT your name) have been fully informed of the inherent risks, associated with getting a piercing. I fully understand that these risks, known and unknown, can lead to injury, including but not limited to infection, scarring, and keloiding, allergic reactions to latex gloves, and/or soap. Having been informed of the potential risks associated with getting a piercing, I still wish to proceed with the piercing and I freely accept and expressly assume any and all risks that may arise from Piercing.

- TO WAIVE AND RELEASE to the fullest extent permitted by law each of the Artist and the Piercing Studio from all liability whatsoever, for any and all claims or causes of action that I, my estate, heirs, executors or assigns may have for personal injury or otherwise, including any direct and/or consequential damages, which result or arise from the piercing, whether caused by the negligence or fault of either the Artist or the Piercing Studio or Otherwise.
- That both the Artist and the Piercing Studio have given me the full opportunity to ask any and all questions about the piercing procedure and the staff has answered these questions to my total satisfaction.
- I affirm that both The Artist and the Piercing Studio have given me instructions on the care of my piercing while it's healing, and I understand them and will follow them. I acknowledge that it is more likely that my piercing become infected if I do not purchase the Perfect Image aftercare package and follow the instructions given to me. **Aftercare Purchased? YES NO**
- I affirm that I am not under the influence of alcohol or drugs, and I am voluntarily getting a piercing without duress.
- I affirm that I do not have diabetes, epilepsy, hemophilia, HIV, AIDS, or Hepatitis, nor do I have a heart condition, or take blood-thinning medication. I do not have any other medical or skin conditions that may interfere with the procedure or healing of the piercing. I am not the recipient of an organ or bone marrow transplant or, if I am, I have taken the prescribed preventive regimen of antibiotics that is required by my doctor in advance of any invasive procedure such as piercing. I am not pregnant or nursing.
- I acknowledge that the piercing will result in a permanent change to my appearance and that my skin may not be restored to its pre-piercing condition even after its removal.
- I release all rights to any photographs taken of me and the piercing, and give consent in advance to their reproduction in print or electronic form. (If you do not initial this provision, please advise and remind your Artist and the Piercing Studio NOT to take any pictures of you and your completed piercing!).
- I agree to reimburse each Artist and the Piercing Studio for any attorneys' fees and costs incurred in any legal action I bring against either the Artist or the Piercing Studio and in which either the Artist or the Piercing Studio is the prevailing party. I agree that the courts of **ONTARIO** in the city of Waterloo have personal jurisdiction and venue over me and shall have exclusive jurisdiction for the purpose of litigating any dispute arising out of or related to this agreement.
- I acknowledge that I have been given adequate opportunity to read and understand this document, that it was not presented to me at the last minute, and I understand that I am signing a legal contract waiving certain rights to recover against the Artist and the Piercing Studio.

If any provision, section, subsection, clause or phrase of this release is found to be unenforceable or invalid, that portion shall be severed from this contract. The remainder of this contract will then be construed as though the unenforceable portion had never been contained in this document.

I hereby declare that I am of legal age (and have provided valid proof of age) and am competent to sign this Agreement or, if not, that my parent or legal guardian shall sign on my behalf, and that my parent or legal guardian is in complete understanding and concurrence with this agreement.

I HAVE READ THIS AGREEMENT, I UNDERSTAND IT, I AGREE TO BE BOUND BY IT.

Signature of Participant: _____

Date: _____

Signature of Parent or Guardian if Participant Is a Minor and by their signature they, on my behalf, release all claims that both they and I have.