

Amato Fine Jewelry & Body Piercing

10322 W. Sample Rd, Coral Springs, FL

Today's Date ___/___/___

Piercing being performed: _____

Jewelry Chosen: _____

The entire form below is to be completed by the person getting pierced.

Client Contact Information

Legal Name: _____ Preferred Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Date of Birth: ___/___/___

Please list below any allergies or bleeding disorders (such as allergies to Latex, or disorders such as Anemia etc.):

Physician's name: _____ Phone: _____ OR (local urgent care- 954 755 4880)

Emergency contact: _____ Phone: _____

Client's Signature

Artist's Signature

Body Piercing Release Form

I hereby release Amato Fine Jewelry & Body Piercing, their employees and affiliated companies of and from all manners of actions, causes, and demands in law or in equity, which I or my heirs, executors or administrators have or might now or hereafter by reasons of their complying with my request to be pierced.

I understand that I will be pierced using the appropriate instruments and techniques. Furthermore, I realize the importance of the proper care in permitting my piercing to heal without infection and agree to comply with the procedures outlined in the general or oral aftercare sheet given to me at the end of the procedure.

Any failure to follow these procedures may lead to irritation or infection. I understand that most piercings usually require a healing time of two to twelve months (or longer).

I understand that it is unethical and unsafe to be pierced during pregnancy or under the influence of drugs and alcohol, and I agree that I am none of what was just listed.

I acknowledge that if I am suffering from **Allergies, Diabetes, Jaundice, Hepatitis, Hemophilia, Bleeding Disorders**, or the **HIV** virus, I must inform my piercer prior to the procedure.

I release all rights to any photographs taken with my permission of me and the body piercing and give consent in advance to their reproduction in print or use in electronic form.

- I have thoroughly read and agree to the above statements (**client initial**) _____
- I have received thorough aftercare and understand what was instructed (**client initial**) _____
- I have been shown the integrator strip from my jewelry's Statim cycle and it shows "Pass" (**client initial**) _____

Client Release Agreement

Legal Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Age: _____ Date of Birth: ___/___/___ Sex: M – F – Other

Client's Signature

If under the age of 18, parent/legal guardian must fill out the portion below:

Parent / Legal Guardian's Printed Name

Parent / Legal Guardian's Signature

NOTARY SECTION FOR MINORS ONLY

Before me, the undersigned authority, on this day personally appeared {parent's name} _____, known to me to be the person whose name is subscribed to the foregoing instrument, and upon his {her} oath acknowledged to me that he {she} executed the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE THIS _____ DAY OF _____, 20__.