

BDC Tattoo- Piercing Release Form

Please Read Thoroughly

You must prove your age with a government, state, or military issued non expired photo identification. If you are under 18, this form must be filled out, signed and notarized by your parent or legal (with court documents) guardian and they must be present for the entire service. We reserve the right to refuse service to ANYONE... especially if we think you are under the influence or don't look like your ID.

Consent and Release

- I hereby certify that to the best of my knowledge this information is correct.
- I've been given a chance to ask questions and they've been answered to my satisfaction.
- I am 18 years of age or am here with my legal guardian.
- I understand there is the possibility of allergic reaction.
- I understand there is possibility of infection.
- I agree to follow all instructions given to me by BDC Tattoo and all its employees concerning the aftercare of my piercing.
- I understand that there is a chance I might feel lightheaded, dizzy, and/or faint due to my decision to receive a piercing.
- I hereby release BDC Tattoo and its employees of all responsibility and liability for said piercing.
- I understand that I will be pierced under sterile conditions, with sterile instruments, by a licensed piercer that follows all cross contamination procedures issued by the state of Kansas.
- I understand there are no refunds.

Please print clearly

Last time you consumed a full meal _____ Last time you consumed alcohol _____

Are you pregnant/nursing? YES/NO Are you allergic to latex? YES/NO

Please circle all of the following known illnesses you may have:

Heart condition – Diabetes – Liver/blood disorder – Hepatitis – HIV/AIDS

Please list any medical conditions not listed above _____

Please list and medication you are currently taking _____

Please print clearly

Area(s) I am going to have pierced _____

Name _____

Address _____ City _____ State _____ Phone# _____

Date of birth _____ Your Age _____

Signature _____ Today's Date _____

IF YOU ARE UNDER 18 THIS MUST BE FILLED OUT, SIGNED, AND NOTARIZED BY YOUR PARENT OR LEGAL GUARDIAN

Name of parent or legal guardian _____ Date of birth _____

Relationship to minor listed above _____ Address _____

City _____ State _____ Phone# _____

BY SIGNING THIS AS THE PARENT OR LEGAL GUARDIAN, I AM ALLOWING

SAID MINOR TO RECEIVE THE ABOVE LISTED SERVICE

BY THE APPROPRIATE BDC EMPLOYEE

Parent or legal guardian signature _____ Notarize here _____