

# Mad Monk Tattoo

4300 MEADOWS LANE SUITE 2310

LAS VEGAS, NV 89107

(702) 588-1292

MADMONKTATTOO.COM

## PIERCING RELEASE FORM

Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

**How did you hear about us?** \_\_\_\_\_

I \_\_\_\_\_, induce \_\_\_\_\_ to pierce my \_\_\_\_\_  
( Your Name ) ( Piercer Name ) ( Body Part )

I certify that (1) I am 18 years of age or older and have provided state or federal government issued photo identification proving so. (2) I/We understand and acknowledge the significance and consequence of the procedure and hereby assume full responsibility. (3) I understand that piercing may require surgical removal which could lead to scarring or disfigurement. (4) I understand and agree to follow the instructed aftercare to ensure proper healing of my piercing and understand that not following suggested procedures may lead to infection or damage to the piercing or surrounding skin and it is my sole responsibility to consult a piercer with any questions or concerns as needed. (5) I understand that the proposed healing time is 10-15 days and is only an estimate and that the actual piercing healing time may vary. (6) I understand that an allergic reaction is possible with any piercing, and it is impossible for a piercer to know ahead of time that I could have such a reaction. Therefore, I am releasing the artist and Mad Monk Tattoo from any liability if such an event occurred.

### I POSITIVELY DECLARE AT THIS TIME OF SERVICE:

INITIAL: \_\_\_\_\_ I AM NOT UNDER THE INFLUENCE OF DRUGS AND/OR ALCOHOL

INITIAL: \_\_\_\_\_ I AM NOT PREGNANT OR BREAST FEEDING

Please check any of the following that apply to your current health status if you have experienced them within the last 12 months.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Hemophiliac        | <input type="checkbox"/> Latex Allergy               | <input type="checkbox"/> Other. Explain: _____ |
| <input type="checkbox"/> Currently Nursing  | <input type="checkbox"/> Skin Sensitivity            |  |
| <input type="checkbox"/> Diabetic           | <input type="checkbox"/> Cancer, if yes, type _____  |  |
| <input type="checkbox"/> Hypoglycemic       | <input type="checkbox"/> HIV Positive                |  |
| <input type="checkbox"/> Receiving Dialysis | <input type="checkbox"/> Hepatitis Positive          |  |
| <input type="checkbox"/> Anemic             | <input type="checkbox"/> Prone to Fainting           |  |
| <input type="checkbox"/> Jaundice           | <input type="checkbox"/> Prone to Keloiding/Scarring |  |

\*MAD MONK TATTOOS IS NOT RESPONSIBLE FOR ANY LOSS OF JEWELRY OR FALL OUT OF PIERCING. ONCE THE CLIENT LEAVES THE SHOP, ALL RESPONSIBILITIES BELONG TO THEM.

**Have you eaten in the last 2 hours? Y / N**

**INITIAL:** \_\_\_\_\_

I certify that under the penalty of perjury that all the information provided above is correct and true to the best of my knowledge. My signature below gives Mad Monk Tattoo permission to use any photographs of me or my piercing for promotional use with no demand for compensation or name recognition. I understand that my piercing was done by an independent contractor renting a space from Mad Monk Tattoo and expressly release Mad Monk Tattoo from any and all liability, claims, demands, damage, injury, or grievances. I agree that any claims, demands, damage, injury, or grievances shall be the sole responsibility of the independent contracted individual who performed the piercing. Contractor waives and releases and shall indemnify, protect, defend, and hold harmless Mad Monk Tattoo and its owners, agents, contractors, and employees against any and all loss, claims, damages, or liability arising out of or in connection with loss of life, personal injury, property damage, or otherwise arising from the use, occupation, or managing the space on premises or from any act of omission of contractors of its assignees or sub-licenses or their respective agents, employees, or licenses.

Signature for release of liability: \_\_\_\_\_ Date: \_\_\_\_\_

Piercer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MINOR: Printed Name of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

MINOR: Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Piercing Cost: **15 20 30 35 50 60**

Jewelry Cost: **10 15 20 25 30 35 40 45 50 55 60**

Custom: \_\_\_\_\_

Final Balance Due: \_\_\_\_\_

Piercer Initials: \_\_\_\_\_