



INITIAL EACH PROVISION AFTER READING TO SHOW THAT YOU UNDERSTAND.

In consideration of receiving a body piercing from _____ (the "Artist") at 'Firstblood' (together with its employees, apprentices and agents, the "Piercing Studio"), I agree to the following:

<input type="checkbox"/>	That I have been fully informed of the risks, associated with getting a piercing. I understand that these risks, known and unknown, can lead to injury, including but not limited to infection, scarring and keloiding and allergic reactions. Having been informed of the potential risks associated with getting a piercing, I still wish to proceed with the piercing and I freely accept all risks that may arise from piercing.
<input type="checkbox"/>	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, whether caused by the negligence or fault of either the Artist or the Piercing Studio, or otherwise.
<input type="checkbox"/>	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 they have been answered to my total satisfaction.
<input type="checkbox"/>	I affirm that I 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 possible that the piercing can become infected, particularly if I do not follow the instructions.
<input type="checkbox"/>	I affirm that I am not under the influence of alcohol or drugs, and I am voluntarily getting a piercing without duress.
<input type="checkbox"/>	I affirm that I do not have diabetes, epilepsy, hemophilia, nor do I have a heart condition or take blood thinning medication. I do not have any other medical or skin condition 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 anti-biotics that is required by my doctor in advance of any invasive procedure such as piercing. I am not pregnant or nursing.
<input type="checkbox"/>	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.
<input type="checkbox"/>	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.
<input type="checkbox"/>	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.
<input type="checkbox"/>	I agree to reimburse each of the 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 that the courts of <i>NSW in Australia</i> shall 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.

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.

Full Name: _____

Date of Birth:

Address: _____

Phone #: (____) _____

Signature: _____

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.

Signature: _____

Date: