



6311 Glenwood Ave
 Raleigh, NC 27612
 919-977-6371

Consent To Pierce Form

I, _____ [Full Name] acknowledge by signing this release and waiver form that I have been given full opportunity to ask any and all questions which have been answered to my full and total satisfaction. I specifically acknowledge that I have been advised of the facts and matters set forth below and agree as follows:

Initials

Consent Terms

1

I am not **pregnant** or **breastfeeding**. I do not have any medical condition that would prevent me from receiving this piercing. I am also not under the influence of alcohol and/or drugs.

2

I acknowledge that infection is always possible as a result of a piercing, particularly in the event that I do not take proper care of my piercing.

3

I acknowledge receipt of written instructions advising me of the care of my piercing and I recognize the absolute necessity of following those instructions

4

I acknowledge that I have truthfully represented the employees, agent, and representatives of Rock N Roll Outlet, Inc, and that I am 18 years of age or older. If I have shown false identification, I take full responsibility for my actions and forever release all employees, owns, and representatives of Rock N Roll Outlet, Inc.

5

I acknowledge that I must be sixteen (16) years of age to have my ear(s) pierced. For any other piercing, I must be at least eighteen (18) years of age or accompanied by a parent or legal guardian present to sign this form.

6

I acknowledge that obtaining any piercing(s) is by my choice, and my choice alone, and that I'm not under the influence of drugs and/or alcohol. I also consent to the application of the piercing, and to any actions, or conduct of the employees of Rock N Roll Outlet, Inc. deemed reasonably necessary to perform my piercing.

7

I agree to release, forever discharge, and hold harmless Rock N Roll Outlet, Inc. and its employees, agents, and representatives from all claims, damages, legal actions arising from or connected to in any way with my piercing(s) or procedures and any conduct used to perform my piercing.

8

I have read and understood the conditions stated on this form and honor that I am legally bound by its content.

Optional: Please list any allergies you might have so we can best accommodate you.

Date:	
Piercing:	
Phone:	Age:
Preferred Pronoun:	
Email:	
Signature:	
Piercer:	

IF CONSENTING FOR A MINOR

Minor's Name: _____ **Age:** _____

Relationship To Person Consenting: _____