

# SUBCULTUREZ INC.

(386)456-0009

## Parent/Legal Guardian Minor Child Consent Form

Release and waiver of all claims for myself, minor child and family. Copy of parent's and minor's ID must be on this consent form

I, \_\_\_\_\_ am the parent of \_\_\_\_\_  
(Parent/Legal Guardian's Name) (Minor Child's Name)

give permission to pierce my son/daughter's \_\_\_\_\_ (name of piercing). I hereby release all manners of liabilities, claims, actions, and demands, in law or in equity, which I or my heirs have or might have now or hereafter by reason of complying with my request to be pierced. I understand that my child will be pierced using sterile instruments and techniques. I understand that although uncommon, there is a possibility of scarring and/or rejection. Other complications although uncommon include, but are not limited to excessive bleeding, swelling, and infection. If any of this occurs please consult with a physician and call your piercer to let them know you did so. To ensure proper healing of my son/daughter's piercing, I understand that they must follow the "after care" procedures that was written and given us until the piercing has healed. I acknowledge that a piercing is a wound and can take months to heal completely.

\_\_\_\_\_(Parent Initials) \_\_\_\_\_(Minor Child Initial)  
(These questions to be answered by the person being pierced)

|  |           |          |
|--|-----------|----------|
| Have you eaten within the last four hours?       | YES _____ | NO _____ |
| Do you have hemophilia or anemia?                | YES _____ | NO _____ |
| Are you prone to heavy bleeding?                 | YES _____ | NO _____ |
| Are you prone to fainting?                       | YES _____ | NO _____ |
| (females only)Are you pregnant?                  | YES _____ | NO _____ |
| Are you allergic to latex, iodine, or shellfish? | YES _____ | NO _____ |
| Do you have any other allergies?                 | YES _____ | NO _____ |

If yes please list: \_\_\_\_\_

Are you currently taking any medication?

If yes please list all including over the counter medication: \_\_\_\_\_

Are you currently under the influence of any drugs, alcohol, or any other intoxicants?

As the parent I am accepting all legal and moral responsibility on behalf of my son/daughter or the person I am legal guardian of for their choice to be pierced here at

SUBCULTUREZINC. \_\_\_\_\_(Parents initial) Today's date: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ zip

code \_\_\_\_\_ phone# \_\_\_\_\_

(minor) Date of birth \_\_\_/\_\_\_/\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Minor Child Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Notary Public Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Notary stamp

### below this line for piercer only

Piercer name \_\_\_\_\_ Piercer Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Location \_\_\_\_\_ Jewelry \_\_\_\_\_ Price \_\_\_\_\_

Equipment used \_\_\_\_\_