

# Client Release Form

Wichita Piercing Company/Erik Grover Piercings (EGP)

Full Name \_\_\_\_\_ Name you go by \_\_\_\_\_

Age \_\_\_\_\_ Birthday \_\_\_\_\_ Phone Number \_\_\_\_\_ Date \_\_\_\_\_

Address (Street/City/Zip) \_\_\_\_\_

I grant Wichita Piercing Company/EGP permission to photograph me and the piercing for portfolio and advertising purposes. YES/NO

If you would like us to tag you on Instagram please give us your handle @ \_\_\_\_\_

Area(s) to be pierced \_\_\_\_\_

**Medical Assessment** (circle YES or NO)

Do you have Diabetes? YES/NO

Do you have Hepatitis? YES/NO

Do you have HIV/AIDS? YES/NO

Are you pregnant or nursing? YES/NO

Do you have Epilepsy? YES/NO

Do you have any heart conditions? YES/NO

Do you have Hemophilia? YES/NO

Do you have cold sores and/or fever blisters? YES/NO

Have you ever experienced Keloid Scarring? YES/NO

Do you have Psoriasis or Eczema? YES/NO

Do you have moles or freckles at the site of the service? YES/NO

Do you have burns or rashes at the site of the service? YES/NO

Are you inebriated or incapacitated from the use of drugs or alcohol? YES/NO

Do you have allergies? YES/NO

If yes, list allergies \_\_\_\_\_

Are you taking medication that thins the blood? YES/NO

Any other medical conditions we need to be aware of? \_\_\_\_\_

I, \_\_\_\_\_, have read this form and confirm that all the information I have given is correct. I agree to not sue Wichita Piercing Company/EGP or any of its employees in connection with any procedure performed on me, whether or not caused by any negligence of Wichita Piercing Company/EGP or any of its employees. I understand that in some cases it is possible to become nauseated and/or lose consciousness before, during or after the procedure. I have read and understood all questions and statements, and have answered to the best of my knowledge. I understand that this is a consent form and I agree to be legally bound by it. Your information will NOT be shared with anyone without your permission or a legal warrant.

Signature of Client \_\_\_\_\_ Date \_\_\_\_\_