

Gothic

Professional Body Piercing

Release of Liability and of all Claims

Please read the following carefully filling in all blanks and initialing in the appropriate space next to each paragraph. By doing this you certify that you fully understand all points of this release.

I, _____, on this _____ day of _____, 2010, hereby take action for myself, my executors, administrators, heirs, next of kin, or successors and waive, release, discharge and agree not to sue for any and all liabilities including my death, dismemberment, disability, personal injury, or claims of any kind which may here after occur to me as a result of my participation in any body piercing.

_____ I understand that any piercing could result in a serious injury or even contribute to my death.

_____ I understand that if my body piercing becomes infectious in any possible way, I hereby assume all risks for these actions or situations.

_____ In this general release I realize that I am relinquishing all claims of all kinds including, but not limited to, those resulting from any of the conditions listed in the above and below paragraphs of this release, claims resulting from poor sanitation habits, sterilization procedures, operational knowledge, procedures, conditions, and malpractice.

_____ This release refers to the following persons and entitles those that may work as an agent, director, representative, employee, or unpaid volunteer of Gothic Professional Body Piercing and Hair Salon. This release further applies to all written or printed media advertisements.

_____ In addition to this release set forth above, I agree to indemnify and hold harmless the persons and entities mentioned above from any and all liabilities or claims made by other individuals or entities as a result of any of my actions during and after piercing procedures or services.

_____ I hereby certify that I am physically fit and that I feel sufficient to have this piercing procedure performed.

_____ I suffer from neither diabetes nor hemophilia. I have no lumps, swelling or any other signs of irritation of the body, and once again consider myself healthy enough to request this piercing service.

_____ I understand that my ingestion of any blood thinners such as aspirin or alcohol prior to the piercing could lead to excess bleeding.

_____ I declare under penalty of perjury that the information set forth herein is true and correct.

_____ I understand that this piercing takes _____ to heal.

Name (please print) _____

Address _____

Phone number () _____ - _____

Pager number () _____ - _____

Age** _____ *ID#** _____ **State** _____

Signature _____

** The law requires minors and/or people under the age of 18 to have a signature of consent and/or notification of a parent or legal guardian older than 18 years of age, in order to undergo any Body Piercing Service.*

If you wish to be pierced at Gothic and are under the age of 18 you must be accompanied by your parent or guardian who must fill out the section entitled "Guardian Release" after reading the "Release of Liability and of all Claims" and adding their initials to each appropriate space.

*** Proof of age (of guardians or person(s) wishing to be pierced) must be shown through either a valid state driver's license or identification card which must be present for verification by Gothic.*

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Guardian Release

I, _____, state that I am the parent or legal guardian
of _____, who is _____ years old and will be
pierced on this _____ day of _____, 200____. I have read and understand the release of liability
given to me by Gothic and give full permission for Gothic to perform said procedure in my presence on the
minor for whom I am responsible.

Name of Guardian (please print) _____

Relationship to Minor _____

Address _____

Phone number () _____ - _____

Pager number () _____ - _____

Age _____ ID# _____ State _____

Signature of Guardian _____