

Wild Cherry

Piercing Disclaimer

I hereby give permission for *Gareth Savage* to perform the piercing mentioned below upon myself.

Type of Piercing

Area of body

I do not knowingly suffer from any of the conditions or illnesses listed below.

Heart conditions

Epilepsy

Any type of skin condition

HIV / Aids

Pregnancy or breastfeeding

Anemia

Are you on any prescribed medication

Other information

I understand that with any type of body piercing there is the potential for rejection / migration, and can leave scarring.

After I leave the Wild Cherry studio, the piercing will be my sole responsibility to look after, and if not kept clean whilst healing there is a chance of infection.

Name

Address

Date of birth .../.../...

Today's date .../.../...

Signature

If I am under 16 years of age, a parent/guardians consent are required below.

Name

Relationship to person named above

Today's date .../.../...

Signature