

# BODY PIERCING RELEASE

TOPPER'S FINE LINE TATTOOS  
1224 31-W Bypass, Bowling Green, Kentucky  
Phone (270) 796-3600

BY SIGNING THIS WRITING the Undersigned covenants and agrees that he/she has been given the full opportunity to ask any and all questions the Undersigned has or may have about obtaining a body piercing by TOPPER'S FINE LINE TATTOOS, INC., a Kentucky corporation hereafter referred to as "Topper's", and that all such questions have been answered to the Undersigned's full satisfaction. The Undersigned specifically acknowledges that the potential risk issues have been discussed with, and the Undersigned knowingly and voluntarily agrees as follows:

**PLEASE INITIAL:**

- \_\_\_\_\_ I am not pregnant.
- \_\_\_\_\_ I am free of Communicable Diseases.
- \_\_\_\_\_ I have truthfully represented to the associates, agents, representatives of Topper's that I am eighteen (18) years of age or older, have no guardian or committee appointed for me by any court anywhere, and am competent to make this Release.
- \_\_\_\_\_ I understand that it is not reasonably possible for the associates, agents, representatives of Topper's to determine whether I might have an allergic reaction to Povidone-Iodine solution 10% or Bacitracin Ointment, or the processes used in body piercing; and I voluntarily assume and accept all risks that such reactions are possible.
- \_\_\_\_\_ I understand that infection is possible as a result of a piercing, particularly in the event that I fail to take proper care of my piercing.
- \_\_\_\_\_ I have received written instructions advising me of the proper care of my piercing and I recognize the necessity for following these instructions.
- \_\_\_\_\_ I understand that a piercing is a permanent change to my body and appearance and no representation has been made that once made, any piercing can be altered or removed.
- \_\_\_\_\_ My piercing is by my choice alone, and I have not been influenced in any way by Topper's to obtain a body piercing. I consent to the application of my piercing, and the procedures necessary to perform the piercing.
- \_\_\_\_\_ I release, forever discharge, and hold harmless Topper's and its apprentices, associates, agents, officers and shareholders, from and against any and all claims, damages, or legal actions arising from or in any way connected to my piercing and/or the procedures by which my piercing is applied.
- \_\_\_\_\_ I understand that there are risks involved in the conduct of body piercing and there are NO REFUNDS once a piercing has been paid.
- \_\_\_\_\_ I covenant and declare that I am not intoxicated or under the influence of drugs or alcohol.
- \_\_\_\_\_ I do not have epilepsy.
- \_\_\_\_\_ I do not have any medical problems which in any way affect or might affect my body piercing except the following: \_\_\_\_\_
- \_\_\_\_\_ I covenant that Topper's may refuse to perform my body piercing in Topper's sole discretion.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ BODY PIERCING ARTIST: \_\_\_\_\_

Address: \_\_\_\_\_ Cost: \$ \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ (circle one)

Phone # \_\_\_\_\_ Cash Credit Card

Drivers License # \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Piercing Location: \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\*\*\*\*\**(For Parent or Guardian's USE ONLY)*\*\*\*\*\*

Parent or Guardian Signature: \_\_\_\_\_

This Body Piercing Release was signed in my presence on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

NOTARY \_\_\_\_\_  
My Commission Expires \_\_\_\_/\_\_\_\_/\_\_\_\_

Must have seal!!! No Exception !!!!

S:\work\Topper\sp.ret

*state seal  
for minors X*

