Piercing consent form

Piercing procedure

I voluntarily request and consent to receiving the piercing discussed and approved with the piercer.

I understand that body piercing involves creating an opening in the skin or other body tissue using a sterile needle or suitable piercing equipment and inserting jewellery into that opening.

The piercer may need to clean, disinfect, mark, hold or otherwise prepare the selected area before and during the procedure.

I confirm that I have reviewed and approved the piercing location, placement and jewellery.

I understand that minor adjustments to the exact placement may be necessary because of my anatomy, existing piercings, tissue condition, jewellery requirements or safety considerations.

I may ask the piercer to pause or stop the procedure at any time. However, completed work, opened jewellery, used materials, deposits and reserved appointment time may remain chargeable under the studio's payment policy.

Age and capacity to consent

I confirm that I meet the minimum legal age and consent requirements for receiving this piercing in the location where the procedure is performed.

I understand that age requirements may differ depending on the type and location of the piercing. Parent or guardian consent does not override any law that prohibits a particular piercing for minors.

I am completing this form voluntarily and have not been pressured or forced to receive the piercing.

I confirm that I am not under the influence of alcohol, recreational drugs, sedatives or any other substance that may affect my judgment or ability to provide informed consent.

The studio may refuse or postpone the procedure if it cannot verify my age, identity, ability to consent or suitability for piercing.

Health information

I understand that certain health conditions, medications, allergies and skin conditions may increase the risk of bleeding, infection, poor healing or other complications.

I agree to disclose any relevant health information before the procedure, including:

- Medical conditions that may affect bleeding, healing or infection risk

- Medication that may affect bleeding, healing or the immune system
- Allergies or sensitivities to metals, latex, adhesives, disinfectants or skincare products
- A history of keloids, raised scars, poor wound healing or unusual skin reactions
- A rash, infection, open wound, sunburn or irritation near the piercing area
- Pregnancy, possible pregnancy or breastfeeding
- Previous fainting or seizures during medical, cosmetic or piercing procedures
- Advice from a healthcare professional not to receive a piercing

I understand that the piercer is not a medical professional and cannot provide medical advice.

The studio may postpone or refuse the procedure if there are reasonable health or safety concerns.

Risks and possible complications

I understand that piercing breaks the skin or other body tissue and involves risks that cannot be completely eliminated, even when appropriate hygiene and infection-control procedures are followed.

Possible risks and complications include:

- Pain, tenderness, bleeding, bruising and swelling
- Infection
- Allergic or adverse reactions to jewellery or aftercare products
- Irritation, itching, redness or sensitivity
- Scarring, raised scars or keloids
- Jewellery migration, embedding or rejection
- Tearing, stretching or other tissue damage
- Nerve damage or temporary or permanent changes in sensation
- Damage to teeth or gums from oral jewellery
- Cartilage damage or deformity
- Delayed or incomplete healing
- The need to remove, replace or resize the jewellery
- An unsatisfactory appearance or emotional regret
- Additional costs for jewellery replacement, medical treatment or corrective procedures

I understand that healing times and results vary depending on the piercing location, my anatomy, my health, the jewellery used and how closely I follow aftercare instructions.

The studio and piercer cannot guarantee a specific healing time, appearance or final result.

Jewellery acknowledgment

I understand that the size, shape, style and material of the initial jewellery may be selected based on safety, swelling, anatomy and healing requirements.

Initial jewellery may be longer or larger than jewellery intended for long-term wear.

The piercer may recommend returning to the studio for jewellery downsizing or replacement after the initial swelling has reduced.

I understand that changing or removing jewellery too early may cause irritation, closure of the piercing, infection or other healing problems.

I agree not to replace, remove or alter the jewellery contrary to the piercer's aftercare instructions.

Aftercare responsibilities

I agree to follow all written and verbal aftercare instructions provided by the piercer.

I understand that proper aftercare is important for reducing the risk of infection, irritation, scarring, migration, rejection and delayed healing.

I agree to:

- Keep the piercing reasonably clean
- Avoid unnecessary touching, twisting or movement of the jewellery
- Avoid unsuitable cleaning products or treatments
- Avoid swimming, soaking or exposing the piercing to contamination when advised
- Avoid pressure, friction or trauma to the piercing
- Return for jewellery downsizing or follow-up when recommended
- Contact the studio if I have concerns about the healing process

I understand that removing jewellery from a suspected infection may allow the surface to close while infection remains underneath.

I will seek appropriate medical advice if I experience severe swelling, spreading redness, intense pain, fever, unusual discharge, breathing difficulty, a serious allergic reaction or another concerning symptom.

The studio does not provide medical diagnosis or treatment.

Assumption of risk and liability release

I knowingly and voluntarily accept the ordinary and inherent risks associated with body piercing.

To the fullest extent permitted by applicable law, I release **[Studio Name]**, the piercer and their owners, employees, contractors and representatives from claims arising solely from:

- Ordinary and inherent risks that I knowingly accepted
- Relevant information I concealed or provided inaccurately
- A health condition, medication or allergy I failed to disclose
- My failure to follow reasonable safety or aftercare instructions
- My premature removal or replacement of the jewellery
- Products, activities or events occurring after I left the studio and outside the studio's reasonable control

This release does not exclude or limit liability that cannot legally be excluded or limited.

It does not apply to fraud, intentional misconduct, gross negligence, reckless conduct, violations of mandatory consumer rights or any other liability that applicable law prohibits the studio from waiving.

Privacy and recordkeeping

I understand that the studio may collect and retain my information where reasonably necessary to:

- Provide the piercing service
- Verify identity and legal eligibility
- Maintain consent, health and safety records
- Respond to complaints, adverse reactions or legal claims
- Meet licensing, insurance, public-health and other legal obligations

My information will be handled according to the studio's privacy notice and applicable data-protection laws.

Final declaration

By completing and signing this form, I confirm that:

- I have read and understood this entire form.
- The information I provide is complete and accurate.
- I meet the applicable legal age and consent requirements.
- I am capable of providing informed consent.
- I have reviewed and approved the piercing location and jewellery.

- I understand the procedure and its risks and possible complications.
- I have disclosed relevant health information.
- I agree to follow the piercer’s aftercare instructions.
- I had an opportunity to ask questions before signing.
- I voluntarily consent to receiving the piercing.
- I understand that this form does not remove rights or protections that cannot legally be waived.

Client completion

Contact details

First name *

Last name *

Phone

Email *

Health information *

- [ ] I have a medical condition that may affect bleeding, healing or infection risk.
- [ ] I take medication that may affect bleeding, healing or my immune system.
- [ ] I have allergies or sensitivities to metals, latex, adhesives, disinfectants or skincare products.
- [ ] I have a history of keloids, raised scars, poor wound healing or unusual skin reactions.
- [ ] I currently have a rash, infection, open wound, sunburn or irritation near the piercing area.
- [ ] I am pregnant, may be pregnant or am breastfeeding.
- [ ] I have previously fainted or experienced seizures during a medical, cosmetic or piercing procedure.
- [ ] A healthcare professional has advised me against receiving a piercing.
- [ ] None of the above apply to me.

- [ ] I have read, understood and agree to the Piercing Consent Form. I confirm that the information I provided is accurate and voluntarily consent to receiving the piercing. *

Signature *