

SCRATCH THE SURFACE TATTOO I and II

6550 International Drive, suite 111
Orlando, Florida 32819
407-351-9794

5744 International Drive
Orlando, Florida 32819
407-351-9876

BODY PIERCING AGREEMENT

No piercing will be performed on anyone who is under the influence of drugs or alcohol. By signing this disclaimer, I acknowledge that I have given my correct name, address, age and information as noted to be true. I fully understand that if I am 16 or 17 years of age requesting a piercing, I produced a notarized consent form with a copy of one of my parent's or guardian's identification including my own identification that verifies my age. If I am 15 years of age or younger, my parent or guardian is present with me, and have provided proper identification and a written notarized consent form. In addition, my parent has agreed to be present during the actual piercing procedure since I am 15 years of age or younger. I understand that if I give false information or produce false documents stating my name and age to be other than correct, then I am liable for prosecution by law. I hereby state that there is no known medical history to indicate that I am anemic, hemophilic or "bleeder" nor am I using Coumadin medication or any other type of blood thinner medication. I further acknowledge that I am NOT HIV positive; I do NOT have hepatitis, sickle cell disease, chronic lung disease, asthma, any pre-existing heart conditions or other biological disease. I fully understand that I am pierced AT MY OWN RISK. I affirm even though piercing is done under hygienic conditions and autoclave sterilization, there is medical risk involved in this procedure including but not limited to infection. I affirm that I have received a copy of the "aftercare instructions" and that I hereby assume full responsibility for the aftercare and cleanliness of my piercing. Expressly, I assume any and all risk of medical complications. I fully and finally release IVAMARA18 Company Inc., its owners, shareholders, Sub-contractors, employees and all individuals arising out of or relating to piercing from any and all liability for any claims including but not limited to damage, injury, and cause of action expenses.

I have been provided with verbal and written information describing the body piercing procedure to be performed including instructions on aftercare. I understand and in full agreement that I am responsible for the care of my piercing and jewelry. I have been made aware that if signs and symptoms such as fever, pain, redness, warmth, unusual swelling, discharge or odor occur, I should seek further evaluation for care and treatment. I understand that there are NO refunds on body piercing and that SCRATCH THE SURFACE TATTOO I and II does not replace lost or stolen jewelry once the piercing is complete.

Do You Have Any Medical Condition(s) ? _____ Any History of Bleeding disorders ? _____

Do You Have Any Allergies to Medications or other products ? _____

Customer Signature : _____ Date : _____

E - Mail Address : _____

INITIAL HERE IF YOU WANT TO INCLUDE YOUR E-MAIL ADDRESS IN OUR NEWS LETTERS AND PROMOTIONS DATA BASE _____

Parent // Guardian signature ((**Under age of 18**)): _____

(Official Use Only)

Placement of piercing : _____

Jewelry Used : _____ Gauge : _____ Skin Condition : _____

Remarks : _____

Aftercare : _____

Piercer Name : _____

Signature : _____

EMERGENCY CONTACT INFORMATION:

NAME : _____ PHONE # : _____

ADDRESS : _____

PHYSICIAN'S NAME : _____ PHONE # : _____