Merritt Tattoos Piercing

Must bring birth certificate and all required I.D.s to appointment.

606-878-8282 218 North Main Street London, Ky. 40741

Name	Todays Date		
Address	City	State	Zip
Phone()	D.O.B.	<u> </u>	Age
Service Type: Minor Piercing Payment	t Method: CASH	Piercer: David FI	ores Price:

Piercings: (If you are under the age of 16, Kentucky state law only allows lobe piercings with parental consent)

## PLEASE READ AND INITIAL THE FOLLOWING STATEMENTS

## (Minor needs to read and initial the following)

- \_\_\_I am not pregnant.
- \_\_\_\_I am not under the influence of drugs or alcohol.
- I HAVE eaten in the past 4 hours.
- I have informed my piercer of all medical conditions, including but not limited to, insulin,
- blood thinners, antibiotics, narcotics, etc.
- \_\_\_\_I have informed my piercer of any allergies.
- I have informed my piercer of any surgeries in the last 6 weeks, or upcoming procedures as my heal time may interfere with the procedure.
- \_\_\_\_It HAS been at least 6 weeks since any type of surgical procedure.
- \_\_\_\_I AGREE that Merritt Tattoos can photograph my piercing and use it for advertising that may show up on social media.
  - \_\_IAGREE to follow the aftercare instructions that my piercer provides me with.

I understand that I must follow all verbal directions while being pierced to receive the best piercing experience possible. I also understand that if I do not follow verbal directions, I may be asked to leave without receiving any services as my cooperation is necessary for a proper piercing.

\_\_\_\_I UNDERSTAND THAT MY PARENT/GUARDIAN MUST BE PRESENT FOR THE ENTIRE PROCESS.

By signing this form, I acknowledge that the preceding information is true and correct and that neither Merritt Tattoos, nor any piercer licensed through Merritt Tattoos can be held liable for any mishaps or injury because of any form of body modification performed by my piercer.

Parent/Guardian Signature\_\_\_\_\_

Date

NOTARY SIGNATUR	E
NOTARY NO.	
EXPIRATION DATE_	

place seal here