

# LaLobe Piercing Salon Inc. Established in 1969

8306 Kate St., Suite #2, Dallas, Texas 75225

(214) 691-1359

info@LaLobe.com

www.LaLobe.com

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I understand that the **Client** will be pierced under proper conditions with instruments, tools and techniques designed specifically for body and ear piercing. I understand that the **Client** will be pierced with a disposable, pre-sterilized needle, used only on the **Client** and then disposed of immediately. Most materials that we use for the procedure are single-use and are thrown away after each use. Those tools that are re-used are subjected to ultrasonic cleaning and/or autoclaving before re-use.

I acknowledge that infections are always a possible result of a new piercing, and understand that following the verbal and written aftercare instructions, that the **Client** will be provided with, will increase the chances of successful healing. I acknowledge that I have been fully informed of the inherent risks and danger, associated with getting a piercing. I fully understand that these risks, known and unknown, can lead to injury, including but not limited to infection, the possibility of discomfort or pain, nerve damage, scarring, bleeding, swelling, and keloiding, allergic reactions to jewelry, latex gloves, and/or soap and the increased risk for adolescents during certain stages of development. It is not reasonably possible for the piercer to determine whether or not the **Client** may experience an allergic reaction to the piercing jewelry or the materials used in the procedure. **I will advise the piercer** of any known allergies or physical conditions, any form of hepatitis, immunosuppression illness, epilepsy, diabetes, or tendency to keloid, that the **Client** suffers from and have advised the piercer of any special precautions to take during the piercing.

Initial: _____	I acknowledge that I should return for a Check-up in 4 weeks. Appointment time: _____
Initial: _____	I have received a copy of applicable written care instructions and I have read and understand such written care instructions.
Initial: _____	I give my consent to LaLobe and its representatives to perform the piercing described in this document upon the person described in this document as the <b>Client</b> , and in doing so I hereby release LaLobe and any of its representatives of any and all liabilities.
Initial: _____	<b>LaLobe is NOT RESPONSIBLE FOR LOST OR DAMAGED MERCHANDISE.</b> I Acknowledge and confirm that I have read this form, That I Understand It, And Agree To Be Legally Bound By It.

## Parent's or Guardian's Information :

How did you hear about LaLobe? \_\_\_\_\_

Parent's / Guardian's Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

ID Type: \_\_\_\_\_ ID Number: \_\_\_\_\_ ID Expiration Date: \_\_\_\_\_ DOB: \_\_\_\_\_

## Client's Information :

Client's / Minor's Printed Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

ID Type: \_\_\_\_\_ ID Number: \_\_\_\_\_ ID Expiration Date: \_\_\_\_\_ DOB: \_\_\_\_\_

Client's Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

## To Be Completed By The Piercer:

Piercers Name: Nancy / Craig Jewelry Used: \_\_\_\_\_ Age: \_\_\_\_\_

Location Of Piercing: Earlobe Cartilage Rook Tragus Helix Nose Other: \_\_\_\_\_

Clients ID: Type of Valid Identification Provided: \_\_\_\_\_ ID Number: \_\_\_\_\_ DOB: \_\_\_\_\_