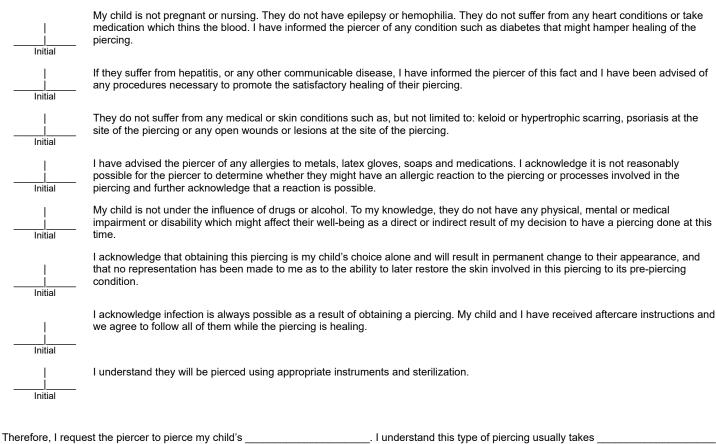


## **MINOR CONSENT TO PIERCE & CLAIMS RELEASE**

I, \_\_\_\_\_\_, the parent/guardian of \_\_\_\_\_\_, induce Harmony Mayfield to pierce my son and/or daughter. In consideration of doing so, I fully understand THE PIERCER DOES NOT ACT AS A MEDICAL PROFESSIONAL. Any suggestions made to me are not to be constructed as/or substituted for advice from a medical professional. I acknowledge by signing this Release I have been given the full opportunity to ask any and all questions which I might have about obtaining a piercing and all my questions have been answered to my full and total satisfaction. I acknowledge I have been advised of the matters set forth below and I agree as follows:



or longer to heal. I agree to release and forever discharge and hold harmless the piercer and all employees from any and all claims, damages or legal actions arising from or connected in any way with my piercing, or the procedures and conduct used in his/her piercing.

By my signature below, I certify that I am the parent/legal guardian of	, who is willingly submitting to these procedures.
Signature (Parent/Legal Guardian):	Print Name:
Signature (Piercee):	Print Name:
Date:	Preferred Name: