

Statement

Name:

I declare that I read the information about the piercings, and about it's possible dangers. I undertake and ask for it to be done at my own risk.

I accept and follow the disinfection instructions.

I informed the piercer about my diseases and my possible allergies.

My diseases are:

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Allergies:

.....

I know my sensitivity to metals:

- I have
- I haven't

Date:

.....

signature