

## CONSENT TO IMPLANT & RELEASE OF CLAIMS

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 an implant from \_\_\_\_\_ 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:

1. I am not pregnant or nursing. If I have any condition that might affect the healing of this implant, I will inform my implanter.
2. I do not suffer from medical or skin conditions such as, but not limited to: keloid or hypertrophic scarring, psoriasis at the site of the implant or any open wounds or lesions at the site of the implant.
3. I have advised the Implanter of any allergies to metals, latex gloves, soaps and medications. I acknowledge it is not reasonably possible for the Implanter to determine whether I might have an allergic reaction to the implant or processes involved in the implanting and further acknowledge that such a reaction is possible.
4. I have trustfully represented to the Implanter I am over the age of 18 years. I am not under the influence of drugs or alcohol. To my knowledge, I do not have any physical, mental or medical impairment or disability which might affect my well-being as a direct or indirect result of my decision to have an implant done at this time.
5. I acknowledge that obtaining this implant is my choice alone and will result in a permanent change to my appearance, and that no representation has been made to me as to the ability to later restore the skin involved in this implant to its pre-piercing condition.
6. I acknowledge infection is always possible as a result of obtaining a implant. I have received aftercare instructions and I agree to follow all of them while my implant site is healing.
7. I understand I will be implanted using appropriate instruments and sterilization.

Therefore, I request the Implanter to implant into my \_\_\_\_\_. I understand this type of implant usually takes \_\_\_\_\_ or longer to heal. I agree to release and forever discharge and hold harmless the Implanter and all employees from any and all claims, damages or legal actions arising from or connected in any way with my implant, or the procedure and conduct used in my implanting.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

NAME: \_\_\_\_\_

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

Age: \_\_\_\_\_ Drivers License No: \_\_\_\_\_

Signature: \_\_\_\_\_