

CONSENT TO BE PIERCED BY AN APPRENTICE

Name: _____ Date of Birth: _____
FIRST MIDDLE LAST MM/DD/YEAR

Address: _____ City/State/Zip: _____

Phone: (____) _____ Secondary Phone: (____) _____ Driver's License: _____

I acknowledge by signing this agreement that I have been given the full opportunity to ask any and all questions which I might have about the obtaining of a piercing and that all of my questions have been answered to my full satisfaction.
I specifically acknowledge and I understand that I am being pierced by an apprentice.

Client Print Name Client Signature Date

Apprentice Print Name Apprentice Signature Date

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