personal details

first name: _____ piercing: _____
surname: _____
street: _____
residence: _____ price: _____
date of birth: _____
ID card number: _____

Are any of the following diseases known? yes no

Do you have problems with blood coagulation? _____
Do you have HIV? _____
Do you have Hepatitis A or B? _____
Do you have liver diseases? _____
Do you have kidney diseases? _____
Do you have diabetes? _____
Do you have blood pressure problems? _____
Do you have heart trouble? _____
Are you pregnant? _____
Do you have allergists against - chrome / nickel? _____
- gold / copper? _____

statement of agreement

I'll agree to be informed extensively before my treatment on _____ by the studio about the risks for the health by doing a piercing treatment. The information took place in a detailed talk with the piercer. I accept the accosted risks for the health.
I convinced myself that the piercer will fix the piercing in subject to the regulations of the land North Rhine-Westphalia for prevention of blood contact infections. This contains that one-way instruments will be used and the instruments were sterilized.
I reassure that the details above are true and no former diseases are known. In so far the studio will not assume del credere liability for incorrect details - even if they are negligent - of my part. Beside this there were given explicit informations about the after-treatment to me, which inobservance induces a nonliability. Herewith is pointed out that inflammations can appear by healthy customers and by proper care. In spite of this the customer wants the piercing and exempts the piercer from liability of damages and smart-money. The piercer is liable for intention and gross negligence. The piercer particularly isn't liable for putting on body-jewellery.

parentally additional statement

As the legal guardian parent I'll explain to be well informed on the same large scale as stated above and with this I give my okay for the intended treatment. Beside this I explain to pay my attention that my son / daughter will follow the necessarily aftercare measures.

parent

name: _____
street: _____
city: _____
ID card number.: _____

Gütersloh, _____
date, signature

customer

name: _____
street: _____
city: _____

Gütersloh, _____
date, signature