

RED LIGHT DISTRICT
CONFIDENTIAL FILE
AGREEMENT AND CONSENT FORMALITIES

The declarations made below inform us about the current state of health of the client and enable us to evaluate his/her aptitude for body-piercing. This measure is necessary both for the security of the client and of the piercer.

Please complete the form in capital letters, tick the appropriate squares, and add any extra comments that may be necessary:

Family and first names(s): _____

Date of birth*: _____

Full address: _____

Telephone: _____ / _____

Email: _____

I, the undersigned, request and consent that RED LIGHT DISTRICT undertakes, upon my person, the following body-piercings:

Type(s) and/or locations of the piercing(s):

And confirm that I make this request of my own free will, under no outside influence (drugs, alcohol, etc.) and that I alone accept the consequences of this piercing.

I fully understand that I shall be treated under sterile conditions and according to the strictest rules of hygiene (all the jewellery, instruments and surgical needles used have been sterilised and/or are sterile and for single use only).

I also understand that an infection can follow as a result of lack of hygiene or of « bad practices » and that I am, myself, entirely responsible for the hygiene and after-care of the piercing(s) – in particular of any in the more intimate locations. I therefore certify that I will follow all the instructions on the sheet “Care and Counsels”, given to me at the time of the piercing, and I confirm that the piercer can in no way be held responsible for any problems due to a lapse on my own part. I also agree to return regularly for (free) consultations with the piercer in order that he surveys the healing process.

I certify having informed the piercer of any of the following conditions which apply to me:

- Allergies (latex, sticking-plaster, iodine, Aspirin, etc.):

-
- | | |
|---|--|
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Plastic surgery | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Eczema | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Fainting spells | <input type="checkbox"/> Haemophilia |
| <input type="checkbox"/> Recurrent infections | <input type="checkbox"/> Bad healing |
| <input type="checkbox"/> Cardiac problems | <input type="checkbox"/> Anti-inflammatory treatment |

And that I have none of the following diseases or pathological conditions:

- Hepatitis
- Impetigo
- Other transmissible diseases:
- H.I.V.
- Drug dependency

I certify that I have read the above and confirm that all information provided is accurate. If I have deliberately withheld information likely to endanger the health or even the life of the RED LIGHT DISTRICT staff or clients, legal action may be taken against me. I release the piercer and the Company from all responsibility without exception or reservation, and agree not to take any criminal or civil action against him or the Company.

Place and date: _____

Signature: _____

We would be pleased to know how you heard about RED LIGHT DISTRICT

**** The minimum age requirement for all types of body-piercings is 18. For minors, a duly-signed parental agreement (from a parent or legal guardian) is required. Our "Parental Authorisation" form is available on the site www.rld.ch and in the shop. Signed hand-written authorisations are also accepted.***