## Permanent Jewelry Consultation Form

Nam	ne:	Email address:	
Addı	ress:		
Phoi	ne number:	Date of birth:	
Eme	rgency contact name & phone n	number:	
How	did you hear about us?:		
•	ou have any allergies (to metals	s, topical solutions, etc.)? YES	NO
List	any medical conditions that ma	y affect your ability to get permanent j	ewelry:
unde	-	s accurate and complete to the best of acomplete information may result in the	-
_	Client Name	Client Signature	 Date
_	Parent/Guardian Name *If Under 18	Parent/Guardian Signature	Date

## Photo & Video Release Form



I, hereby gra any photographs, video footage, or au Bridge Street Jewelers or their repres promotion, advertising, educational m	entatives, for the purpose of perman	am heard, taken by				
I understand that these photographs, medium, including marketing, print, e at the discretion of Bridge Street Jew	lectronic, or online media, and may b	•				
hereby release Bridge Street Jewelers and their employees from any and all claims, demands, and causes of action that I may have against them in connection with the use of these photographs, video footage, or audio recordings, including any claims for invasion of privacy, defamation, or right of publicity.						
I understand that I will receive no compensation for the use of these photographs, video footage, or audio recordings.						
I am at least 18 years of age, and I ha under the age of 18, my parent or lega release and has given their consent fo	al guardian has read and understand					
Client Name	Client Signature	Date				
Parent/Guardian Name	Parent/Guardian Signature	Date				



\*If Under 18

## Permanent Jewelry Consent Form

	to be well y Congoin	Latina		
onto my body at Bridge Street	by consent to the affixing of permanent w Jewelers. I understand that welded-on jewe ed to the surface of the skin by welding.	• •		
aftercare associated with the a	provided with information about the proce ffixing of permanent jewelry. I have had th oncerns addressed by Bridge Street Jeweld	e opportunity to ask		
but not limited to infection, sca	s associated with the affixing of permaner rring, and the possibility of the jewelry bec have been advised of these risks and still	oming loose or		
certify that I am at least 18 years of age or have the consent of my parent or legal guardian to undergo this procedure. I understand that I am responsible for complying with all aftercare instructions provided to me by Bridge Street Jewelers or their representatives.				
<del>-</del>	demnify Bridge Street Jewelers, their emplor om any and all claims, damages, or cause of permanent jewelry.	•		
I have read this form and fully used to voluntarily and without any coe	understand its contents. I am signing this or rcion or duress.	consent form		
Client Name	Client Signature	Date		
Parent/Guardian Name	Parent/Guardian Signature	Date		

\*If Under 18

## Permanent Jewelry Consent Form

I have been notified and accept that all permanent jewelry is exempted from the Bridge Street Jewelers current return policy and all sales are final. (THERE IS NO REFUNDS OR RETURNS)

Any broken permanent jewelry chain that may break can be re-welded for \$20.00 with proof of purchase from Bridge Street Jewelers. (\$20.00 per weld) Bridge Street Jewelers will not accept the responsibility of welding permanent jewelry items that were not purchased and attached at Bridge Street Jewelers.

I have read this form and fully understand its contents. I am signing this consent form voluntarily and without any coercion or duress.

Client Name	Client Signature	Date
Parent/Guardian Name *If Under 18	Parent/Guardian Signature	Date



