[BUSINESS NAME] · [CITY, STATE] · [PHONE OR EMAIL]

Permanent Jewelry Consent, Release and Waiver

Client name _____ Date _____

Phone _____ Email _____

Date of birth _____ Event or location _____

Piece (bracelet, anklet, necklace, ring) _____ Chain and metal _____

1. **The service.** I am asking [Business Name] (the Artist) to fit a chain to me and close it with a small electric weld, so it has no clasp and stays on until it is cut off.
   Client initials: _____
2. **Heat, spark and brief discomfort.** I understand the weld makes a brief spark and a small amount of heat close to my skin, and that the Artist [describe your skin protection, for example: places a protective leather patch under the weld point]. I may feel brief warmth or a light pinch. I will keep still during the weld and tell the Artist right away if anything feels wrong.
   Client initials: _____
3. **Metal allergies and sensitivities.** I have told the Artist about any allergy or sensitivity I know of to metals (for example nickel), and I have chosen my chain knowing what metal it is. If I notice irritation, I will have the piece removed and get medical advice if I need it.
   - ☐ I have no known metal allergies or sensitivities.
   - ☐ I have the following allergies or sensitivities: _____

   Client initials: _____
4. **Skin, health and medical devices.** I have told the Artist if I am pregnant, have a pacemaker or other implanted medical device, or have a rash, cut, swelling or skin condition where the piece will sit. The Artist may decline or postpone the service for any reason.
   Client initials: _____
5. **Wear, breakage and re-welds.** Fine chain can stretch, snag or break, and a break from catching, pulling or everyday wear is not a defect. If the chain breaks at the weld within [re-weld window, for example 30 days], the Artist will re-weld it [free / for $__]. Other repairs are [price]. Lost chain is not replaced.
   Client initials: _____
6. **Removal is my responsibility.** The piece stays on until it is cut. I can remove it by cutting the jump ring with small scissors or wire cutters, or by returning to the Artist. I will remove it, or have it removed, whenever a doctor, hospital or other provider asks me to. The Artist is not responsible for damage or injury caused by anyone else removing it.
   Client initials: _____

7. **Clients under 18.** If the client is under 18, a parent or legal guardian must be present, read this form and sign below.
8. **Photos and social media (optional).** Choose one. The Artist will only post photos if I tick yes.
   - ☐ Yes, the Artist may photograph my piece and post the photos on its website and social media.
   - ☐ Yes, but only photos that do not show my face.
   - ☐ No photos, please.
9. **Payment and refunds.** Payment of [price] is due before the weld. Because each piece is cut and fitted to me, the sale is final once the chain is welded. [Edit to match your own refund policy.]
   Client initials: _____
10. **Acknowledgment and release.** I have read this form, had the chance to ask questions, and understand it. I choose to receive this service and accept the risks described above. To the extent the law of [State] allows, I release [Business Name], its owners and staff from claims arising from this service, except claims caused by their gross negligence or willful misconduct.

Client

Signature	Printed name	Date
_____	_____	_____

Parent or legal guardian (clients under 18)

Signature	Printed name and relationship	Date
_____	_____	_____

Artist

Signature	Printed name	Date
_____	_____	_____