

Ear Piercing Release of Liability Consent Form



I ACKNOWLEDGE THE FOLLOWING STATEMENTS:

- I understand my ears will be pierced with single-use earrings that are pre-packaged, sealed, and sterilized.
- If I am taking blood thinning medications or antibiotics, if I have diabetes, if I am pregnant or have a history of infection or any other medical condition, I acknowledge that ear piercing may carry a risk, and I must consult a physician for approval before piercing my ears.
- I understand that despite the best efforts of STUDEX and Norland Avenue Pharmacy and my own aftercare efforts, the potential for infection exists. Improper aftercare, poor hygiene, metal sensitivity, or other causes may increase the risk of infection.
- I understand that ear piercing may contribute to the formation of cysts or keloids.
- I have read and understand that STUDEX and Norland Avenue Pharmacy are unable to monitor my at-home aftercare, therefore it is my sole responsibility to follow the EAR PIERCING AFTERCARE INSTRUCTIONS provided at the time of piercing.
- I have agreed to this ear piercing procedure, and I am fully aware of the potential risks and complications.

Initial here:

EAR PIERCING RELEASE OF LIABILITY & CLAIM WAIVER

- STUDEX and Norland Avenue Pharmacy follow a safe and hygienic ear piercing procedure. However, improper care of newly pierced ears on my behalf or due to other causes can result in problems outside of their control. I, the undersigned, acknowledge that ear piercing carries some risks. These risks include but are not limited to infection, metal sensitivity, allergic reactions, inflammation, embedded earrings, scarring, fainting, and other complications.
- I understand that STUDEX/Norland Avenue Pharmacy ear piercing specialists, when performing ear piercing procedures, do not act in the capacity of medical professionals. The recommendations made by any STUDEX/Norland Avenue Pharmacy ear piercing specialist are recommendations only. They are not to be construed as, or taken in lieu of, advice from a medical professional.
- I voluntarily agree to this ear piercing procedure, for myself or for a minor in my care, and I am fully aware of the potential risks and complications. In addition, I hereby assume all risks of loss or injury of any kind whatsoever that may be associated with this ear piercing procedure. I also understand that Norland Avenue Pharmacy has the right to refuse to pierce any patient who is being uncooperative.
- By signing this EAR PIERCING RELEASE OF LIABILITY & CLAIM WAIVER, I hereby acknowledge and represent the following:
 - I have read and understand this WAIVER and sign it voluntarily.
 - I am at least 18 years old and hold myself liable in respect to this piercing procedure. I hereby release liability on behalf of STUDEX/Norland Avenue Pharmacy and waive any future claims against them.
 - I understand I must be 18 years of age or older to have my earlobes and/or cartilage pierced and my signature below confirms my acknowledgement. I realize this applies to first time piercings and consecutive piercings. I understand I must show proof of age by presenting some form of identification.
 - I am the parent or legal guardian of a minor under the age of 18 and hold myself liable in respect this ear piercing procedure. I hereby release liability on behalf of STUDEX and Norland Avenue Pharmacy and waive any future claims against them.
 - For purposes of signing this EAR PIERCING RELEASE OF LIABILITY & CLAIM WAIVER, I understand that it is fraudulent for a minor to represent herself/himself as an adult and/or to falsely represent oneself as a parent or legal guardian.

Initial here:

EAR PIERCING AFTERCARE INSTRUCTIONS

I understand that I must carefully follow all EAR PIERCING AFTERCARE INSTRUCTIONS and hereby release STUDEX and Norland Avenue Pharmacy from any and all claims that I may have as a result of my failure to follow all EAR PIERCING AFTERCARE INSTRUCTIONS.

Initial here:

Ear Piercing Recipient

Print First & Last Name: _____

Signature: _____ Date: _____

Parent or Legal Guardian (Required if under the age of 18.) Parent Legal Guardian

Print First & Last Name: _____

Signature: _____ Date: _____