



**PIERCING CUSTOMER RECORD (Please PRINT all information IN INK)**  
**Release and Indemnity Agreement – Adult FL – Master pierce STORE**

Name: \_\_\_\_\_ (Last) (First) (Middle)

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (Race; write out): \_\_\_\_\_ (Sex): \_\_\_\_\_

Physician Name: \_\_\_\_\_

Physician Telephone Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Telephone Number: \_\_\_\_\_

List any allergies you have, including allergies to medications, and allergies to any topical solutions used by this piercing establishment: \_\_\_\_\_

Do you have a history of bleeding disorders? \_\_\_\_\_

• The establishment must obtain a written notarized consent statement before piercing a minor. If the minor is under the age of 16, the minor also must be accompanied by a parent or legal guardian.

• All customer records must be kept for at least two (2) years.

**Customer's Initial Visit: Name:** \_\_\_\_\_.

• Date: \_\_\_\_\_ Body Part Pierced: \_\_\_\_\_.

**\*\*Customer expressly understands an inherent higher risk of infection including, but not limited to Pseudomonas aeruginosa, Staphylococcus aureus, and Streptococcus pyogenes when the upper portion of the ear is pierced. \_\_\_\_ [initials here]**

• Description of any Complications during Piercing Procedure: \_\_\_\_\_.

• Prior to my piercing, I received verbal and written information about the following and discussed it with my piercer or the establishment operator: 1) A brief description of my piercing procedure; 2) Any precautions for me to take before my piercing; 3) A description of the risks and possible consequences of piercing services; and 4) Instructions for care and restrictions following my piercing.

(Customer Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

(Piercer/Operator Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

**(continued on reverse side)**

**READ CAREFULLY BEFORE SIGNING**

I agree that in exchange for \_\_\_\_\_ **(type of piercing or service)**. At MP Global Jewelry LLC D/B/A Master Pierce, I agree and acknowledge as follows:

**Assumption of Risk:** To assume the risks incidental to such \_\_\_\_\_ **(type of piercing or service)**, which risks may include, among other things, personal injury, permanent scarring, permanent disfigurement, infection, cuts, lacerations, broken bones and death. I acknowledge that my participation is entirely voluntary. \_\_\_\_ *[initials here]*

**Release and Indemnity:** On my own behalf and on behalf of my heirs, executors, personal representatives, administrators and assigns, to: (1) release and forever discharge the Released Parties, named below, of and from all liabilities, claims, actions, damages, costs or expenses of any nature whatsoever ("Claims") arising out of or in any way connected with such \_\_\_\_\_ **(type of piercing or service)**; and (2) indemnify and hold each of the Released Parties harmless against any and all Claims made or incurred by third parties in connection with such \_\_\_\_\_ **(type of piercing or service)**. My indemnification obligations shall include, without limitation, all attorney's fees and costs incurred by any of the Released Parties through and including any appeals. I expressly agree that this release and indemnity agreement includes, without limitation, any claims based on the negligence, action or inaction of any of the Released Parties, and covers bodily injury (including death) and property damage, whether suffered by me before, during or after such \_\_\_\_\_. **(type of piercing or service)**. \_\_\_\_ *[initials here]*

**Instructions, Restrictions and Guidelines:** I verify that certain instructions, restrictions and guidelines (collectively the "Guidelines") have been communicated to me by Released Parties and that I agree to the Guidelines for my own personal safety and well-being. I understand that my failure to follow the Guidelines may result in bodily injury and death. \_\_\_\_ *[initials here]*

**Released Parties:** The Released Parties are: MP Global Jewelry LLC D/B/A Master Pierce and their respective parent, subsidiary and other affiliated or related companies, and the officers, directors, employees, agents, contractors, sub contractors, representatives, successors, assigns, and volunteers of each of the foregoing entities. \_\_\_\_ *[initials here]*

**Authorization for Medical Treatment:** I hereby authorize medical treatment for myself, at my cost, if the need arises, however I acknowledge that the Released Parties shall have no duty, obligation or liability arising out of the provision of, or failure to provide medical treatment. \_\_\_\_ *[initials here]*

**Right of Publicity:** In connection with my participation, I further grant the Released Parties the right to photograph, record and/or videotape me and further to display, edit, use and/or otherwise exploit my name, face, likeness, voice, and appearance, in all media, whether now known or hereafter devised, (including, without limitation, in computer or other device applications, online webcasts, television programming, motion pictures, films, newspapers, and magazines) and in all forms including, without limitation, digitized images or video, throughout the universe in perpetuity, whether for advertising, publicity, or promotional purposes, including, without limitation, publication of the event/activity, without compensation, residual obligations, reservation or limitation, or further approval, and I agree to indemnify and hold harmless the Released Parties for any Claims associated with such grant and right to use. The Released Parties are, however, under no obligation to exercise any rights granted herein. \_\_\_\_ *[initials here]*

**Governing Law, Venue:** This Agreement shall be governed by the laws of the State of Florida, and any legal action relating to or arising out of this Agreement shall be commenced exclusively in the Circuit Court of the 15th Judicial Circuit in and for Palm Beach County, Florida (or if such Circuit Court shall not have jurisdiction over the subject matter thereof, then to such other court sitting in said county and having subject matter jurisdiction), **AND I SPECIFICALLY WAIVE THE RIGHT TO TRIAL BY JURY.** \_\_\_\_ *[initials here]*

I certify I am 18 years of age or older.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Print*

\_\_\_\_\_  
*Date*