

ADORN512 EAR PIERCING AND AFTERCARE WAIVER, RELEASE AND CONSENT AGREEMENT

If the individual upon whom the piercing is being performed (the "Customer") is under the age of 18, this form must be completed and signed by a parent or legal guardian of the Customer.

Note: Adorn512 reserves the right to refuse to pierce any minor at any time and for any reason, regardless of the provision of parental consent.

1. Disclosures, Agreements, Acknowledgments & Release

Health Risk Advisory. I understand that there are inherent health risks associated with ear piercing including, but not limited to, allergic reactions, skin infections, tissue damage, nerve damage, prolonged bleeding, swelling, hypertrophic scarring, a decreased ability of physicians to locate skin melanoma in regions concealed by body art, febrile illness, tetanus, systemic infection, keloid formation, pain and general discomfort. Such complications may occur at the location of the piercing or elsewhere on the body.

Additionally, the use of blood thinning medication, as well as existing medical conditions such as allergies; heart disease; diabetes; hemophilia (bleeding); skin disease; skin lesions; hepatitis; HIV; a history of infection; pregnancy; conditions that affect the immune system; or any other known or unknown medical condition may increase the risk of complications from ear piercing. I represent that I have been advised to consult with a physician prior to the procedure if I fall into any of the above heightened risk categories; and that I have consulted with a physician regarding any concerns I may have regarding the potential health risks that obtaining the above-described piercing may pose to me.

NOTWITHSTANDING THESE RISKS, I ACKNOWLEDGE THAT I AM VOLUNTARILY CHOOSING TO PROCEED WITH THE PIERCING PROCEDURE WITH KNOWLEDGE OF THE RISKS INVOLVED.

Aftercare. I understand and acknowledge the importance of proper aftercare in reducing the risk of infection or other medical complications following any piercing procedure, particularly cartilage piercing, which may carry a greater risk of infection/complication. I understand that, despite Adorn512's best efforts and the Customer's proper after care, the potential for infection or other medical complications still exists. I also acknowledge that certain known or unknown medical conditions, medications, and medical treatments can impede the healing process, and therefore Adorn512 cannot guarantee healing times. I have read, understand, and agree to follow each step of the instructions regarding Piercing Aftercare which has also been explained to me verbally. Further, I understand that since Adorn512 will not have the opportunity to monitor my at home after care, it is solely my responsibility to follow the Piercing Aftercare instructions provided at the time of the ear piercing.

Release of Liability/Waiver of Claims. I hereby expressly waive and release any and all claims, now known or hereafter known, against Adorn512, its managers, employees and representatives ("Releasees") arising out of or attributable to the ear piercing, whether due to the ordinary negligence of Adorn512 or any Releasees, my failure to carefully adhere to all aftercare instructions, or otherwise. This waiver and release does not extend to claims for gross negligence, willful misconduct, or any other liabilities that state law does not permit to be released by agreement.

I, the undersigned, acknowledge and agree that I have read this Ear Piercing and Aftercare Waiver, Release and Consent Agreement in its entirety, and fully understand and agree to its contents. I confirm that the information herein regarding health conditions which may increase any health risks associated with this piercing have been explained to me verbally; and I have been advised to obtain a physician's approval before receiving the piercing procedure if any of the additional medical risks apply to me; and hereby grant Adorn512 consent to perform the ear piercing described above. I understand that Adorn512, Inc. will not perform the requested piercing services unless this form is completed in its entirety and signed by me.

Date: _____

Ear Lobe [] Cartilage []

Name of Customer Being Pierced: _____

Address: _____

City: _____ State: _____ Zip: _____

Age (if under 18): _____ Date of Birth (if under 18): ____/____/____

Signature of Customer: _____ Parent/Legal Guardian []

Last 4 Digits of Drivers License or State ID: _____ Name of Parent/Guardian (if under 18): _____

Piercing Technician Name: _____