

STEP ONE: STORE ASSOCIATE TO COMPLETE BEFORE EAR PIERCING

DATE _____ STORE # _____ ASSOCIATE _____ EAR LOBE OUTER EAR CARTILAGE (WHERE AVAILABLE)
TRANSACTION # _____ EP PKG PRICE \$ _____ STYLE # _____ LOT # _____
PHOTO ID OF CUSTOMER or PARENT/LEGAL GUARDIAN: Driver's License State/Govt. Issued ID Military ID Passport **LAST 4 DIGITS OF PHOTO ID** _____

STEP TWO: YOUR INFORMATION

To be completed by Customer or Parent/Legal Guardian on Customer's behalf if Customer is under 18 years of age

NAME _____ DATE OF BIRTH ____/____/____ AGE _____
ADDRESS _____ CITY _____
STATE _____ ZIP _____ HOME # (____) _____

IF CUSTOMER IS A MINOR, PLEASE CHECK: I am the parent or legal guardian and I represent that I have the authority to take actions for this minor.
IF UNDER 3 MONTHS OF AGE: Infant must have received their first set of government recommended immunizations, including DTaP. DATE OF INOCULATION _____

PLEASE INITIAL THE FOLLOWING AND SIGN BELOW:

- ____ I understand that my ears will be pierced with pre-sterilized, single-use ear piercing earrings that are packaged in sealed containers.
- ____ I acknowledge that if I am taking blood-thinning medications, antibiotics, have diabetes, am pregnant, have a history of infection or any other medical problem, ear piercing may carry a greater risk for me. I must consult a physician for approval before piercing.
- ____ I understand that, despite Icing best efforts and my proper after care, the potential for infection exists. Improper after care/hygiene, metal sensitivity, or other causes may increase the risk of infection. Additionally, ear piercing may result in the formation of cysts or keloids.
- ____ I have read, and understand the AFTER CARE PROCEDURES and received a copy for my after care reference.
- ____ I understand that since Icing will not have the opportunity to monitor my at home after care, it is solely my responsibility to follow the AFTER CARE PROCEDURES provided at the time of the ear piercing.
- ____ I have agreed to this ear piercing procedure, fully aware of the potential risks and complications.
- ____ **FOR EAR CARTILAGE PIERCING* ONLY (*Not available for children under 13):** I understand and accept that ear piercing of the cartilage may carry a greater risk of redness, swelling, local and systemic infection, permanent scarring, the potential of cartilage deformity, and may take substantially longer to heal. Some infections may be caused by Pseudomonas aeruginosa or other antibiotic resistant bacteria.

PRINT NAME _____ **CHECK IF APPLIES:** PARENT LEGAL GUARDIAN
SIGNATURE _____ **If under 18 years of age, parent or legal guardian signature is required.**

STEP THREE: AGREEMENTS & RELEASE OF LIABILITY/WAIVER OF CLAIMS

Claire's Boutiques, Inc., ("Icing"), uses a safe and hygienic ear piercing procedure. However, improper care of newly pierced ears on my part, or other causes, can lead to problems over which Icing has no control. I, the undersigned, acknowledge that I am aware that ear piercing carries some risks. These risks include, but are not limited to, infection, metal sensitivity, allergic reactions, inflammation, embeddings, scarring, fainting and other complications. I FURTHER UNDERSTAND THAT EAR PIERCING OF THE CARTILAGE CARRIES A GREATER RISK OF REDNESS, SWELLING, LOCAL AND SYSTEMIC INFECTION, PERMANENT SCARRING, THE POTENTIAL OF CARTILAGE DEFORMITY, AND MAY TAKE SUBSTANTIALLY LONGER TO HEAL. SOME INFECTIONS MAY BE CAUSED BY PSEUDOMONAS AERUGINOSA OR OTHER ANTIBIOTIC RESISTANT BACTERIA.

I understand that any employee of Icing, when performing an ear piercing, does not act in the capacity of a medical professional. The recommendations made by any employee of Icing are just recommendations. 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 my minor child, 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 ear piercing.

In signing this RELEASE OF LIABILITY/WAIVER OF CLAIMS, I hereby acknowledge and represent that:

- I HAVE READ THIS RELEASE OF LIABILITY/WAIVER OF CLAIMS, UNDERSTAND IT, AND SIGN IT VOLUNTARILY.
- I am over 18 years of age, and I hold only myself liable and hereby release and waive any and all claims that I may have against Icing, its agents, and its employees with respect to this ear piercing. **OR**
- I am the parent or legal guardian of a minor under 18 years of age, and I hold only myself liable and hereby release and waive any and all claims that I or the minor may make as a result of this ear piercing.
- I further agree that should I, my child, or anyone else make a claim against Icing for compensation for damages or harm allegedly incurred because of negligence of Icing, its agents, or its employees, I shall indemnify and hold Icing harmless against all such claims and associated costs, including any attorney fees Icing incurs in defending against such claims.
- For purposes of signing this RELEASE OF LIABILITY/WAIVER OF CLAIMS, I understand that a fraudulent act is committed if either (i) a minor represents that he or she is an adult, or (ii) I falsely represent that I am the parent or legal guardian of a minor under 18 years of age.

PRINT NAME _____ **CHECK IF APPLIES:** PARENT LEGAL GUARDIAN
SIGNATURE _____ **If under 18 years of age, parent or legal guardian signature is required.**

AFTER CARE AGREEMENT

I understand that I must carefully follow all AFTER CARE PROCEDURES, agree to do so, and hereby release Icing from any and all claims that I may have as a result of my failure to carefully follow all PROCEDURES.

SIGNATURE _____ **If under 18 years of age, parent or legal guardian signature is required.**

PROCEDURE ACKNOWLEDGEMENT

I hereby acknowledge and represent that:

1. I have observed that the associate wore new, disposable ear piercing gloves for my/my child's ear piercing.
2. I have observed that the associate cleaned the ear piercing instrument and each of my/my child's ears with a separate, single-use disinfectant/antiseptic wipe before the piercing.

SIGNATURE _____ **If under 18 years of age, parent or legal guardian signature is required.**