



EAR PIERCING RELEASE OF LIABILITY

Technician's Name: _____

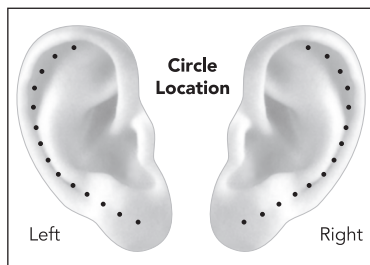
Sterilization Lot No. _____

Exp. Date _____

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 CAFLON 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 the EAR PIERCING AFTERCARE INSTRUCTIONS and have received a copy for my reference.
- I understand that CAFLON is 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

- CAFLON follows 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 CAFLON ear piercing specialists, when performing ear piercing procedures, do not act in the capacity of medical professionals. The recommendations made by any CAFLON 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.
- By signing this EAR PIERCING RELEASE OF LIABILITY AND CLAIM WAIVER, I hereby acknowledge and represent the following:
 - I have read and understand this EAR PIERCING RELEASE OF LIABILITY AND CLAIM WAIVER and sign it voluntarily.
 - I am at least 18 years old and hold myself liable in respect to this ear piercing procedure. I hereby release liability on behalf of CAFLON and their affiliates and waive any future claims against them.
 - I understand I must be 18 years old or older to have my earlobes and/or cartilage pierced and my signature below confirms my acknowledgment. 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 to this ear piercing procedure. I hereby release liability on behalf of CAFLON and their affiliates and waive any future claims against them.
 - For purposes of signing this EAR PIERCING RELEASE OF LIABILITY AND 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 AGREEMENT

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

Initial here:

Date: _____

Ear Piercing Recipient

Print First & Last Name: _____ Signature: _____

E-mail: _____ Phone Number: _____

If you are under 18, the signature of a parent or legal guardian is required [] Parent [] Legal Guardian

Parent or Legal Guardian

Print First & Last Name: _____ Signature: _____

EAR PIERCING AFTERCARE INSTRUCTIONS

- With clean hands, apply CAFLON Aftercare Solution to the front & back of each earlobe or cartilage TWO times per day. While cleansing, gently slide your earrings back & forth and rotate them in a circle. This will ensure absorption of the solution at the piercing site. DO NOT REMOVE YOUR EARRINGS WHEN CLEANSING.
- DO NOT TIGHTEN your earring backs.
- Use care when using products like shampoo, soap, hair dye, perfume and hairspray near your ears. If possible, gently cover your ears to avoid contact with these products. If contact occurs, rinse your ears immediately to avoid irritation.
- Use care when styling your hair around your newly pierced ears. Brushes, combs, curling irons and hair dryers should be kept a safe distance from your ears.
- Use care while dressing. Pulling clothes over your head can result in trauma to your ears and slow the healing process.
- Avoid swimming. If you must swim, cleanse your ears with CAFLON aftercare products immediately.
- Avoid over-the-ear headphones, hats, caps and scarves that rest at ear level.
- For earlobe piercing, leave your new earrings in for SIX WEEKS. For cartilage piercing, leave your new earrings in for TWELVE WEEKS. After this time, provided your ears are completely healed, you may replace your earrings with another pair. DO NOT wear heavy earrings for at least 4 months to prevent stretching. If your ears begin to feel sore, return to your original earrings for 1-2 MORE WEEKS and resume the aftercare instructions.
- Pain, redness and/or swelling are not normal reactions to ear piercing and are generally uncommon. Please consult a physician IMMEDIATELY. To reduce the risk of irritation, choose earrings that are made with gold, sterling silver, titanium or stainless steel. We recommend our Hypoallergenic Fashion Earrings.