

# PIERCING RELEASE AND AUTHORISATION FORM

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ EARLOBE  CARTILAGE  NOSE  Associate Name: \_\_\_\_\_  
Store Name: \_\_\_\_\_ Earring style: \_\_\_\_\_ Lot Code: \_\_\_\_\_ Customer Initial: \_\_\_\_\_

Customer Name: \_\_\_\_\_  
Customer Address: \_\_\_\_\_ Town: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Country: \_\_\_\_\_ Postcode: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Proof if required, e.g. Drivers License: \_\_\_\_\_

If over 4 months of age, has child received final immunisation? YES  NO

**In signing this Release and Authorisation, I acknowledge and represent that:**

(a) I have read this Release Form, I understand it and sign it voluntarily.

(b) I acknowledge receipt of and understand the Aftercare instructions and the risk of infection. I understand that I must carefully follow all Aftercare instructions.

(c) If having my CARTILAGE PIERCED, I acknowledge that I am fully aware that cartilage piercing may carry a greater risk of infection/complication due to improper care of my pierced ears. Should a problem occur, I should seek medical attention immediately.

(d) I have read and understand the following information, which is of considerable importance in taking precautions to avoid any possible problems arising from the ear/nose piercing **(please initial each after reading):**

I am not under the care of my doctor for any condition, which should prohibit me from having my ear/nose pierced. Should I be under the care of a doctor, e.g. pregnant, heart condition, high blood pressure, or on prescribed medication given by my doctor, I have my doctor's written permission to have my ears/nose pierced.

I do not suffer from Diabetes, Epilepsy, Hepatitis, HIV, Haemophilia or Dizziness and I am not taking any blood thinning medication.

I am not under the influence of drugs or alcohol.

I confirm I have been given a copy of the Aftercare Instructions which I have read and understood.

I understand that the potential for infection or embedding exists. Improper aftercare/hygiene, metal sensitivity, or other causes may increase the risk of infection. Additionally, ear/nose piercing may result in the formation of cysts or keloids.

I understand that should an infection occur, I should immediately seek medical advice immediately.

I understand that the piercing earring has a sharp tip and agree to follow the Aftercare instructions to avoid tip exposure.

I have agreed to this ear/nose piercing procedure, fully aware of the potential risks and complications. These risks include, but are not limited to, infection, metal sensitivity, allergic reactions, inflammation, embedding, scarring, fainting and other complications. It is solely my responsibility to follow the aftercare procedures provided at the time of the ear/nose piercing.

I understand if I and/or my child are in distress before or during the piercing, then all attempts of the piercing will cease.

I am over 16 years of age or, if this Release and Authorisation is given on behalf of a minor under 16 years of age, I am the parent or legal guardian of the minor. Legal Guardians must provide legal documentation from the court.

### For Cartilage Piercing, initial the following:

I understand and accept that the ear piercing in the cartilage may carry a greater risk of redness, swelling and infection due to improper aftercare/hygiene, which may result in permanent scarring to the pierced cartilage area of the ear, the potential of cartilage deformity or may take substantially longer to heal. I FURTHER UNDERSTAND SOME INFECTIONS MAY BE CAUSED BY PSEUDOMONAS AERUGINOSA OR OTHER ANTIBIOTIC RESISTANT BACTERIA. I FULLY UNDERSTAND AND ACCEPT THE RISK.

By signing this form, I certify that I have read the Inverness piercing declaration and that I have read and received a copy of the aftercare procedure and understand the risk of infection if not faithfully followed. Understanding the risks I consent to have my ear(s)/nose pierced by an employee of the premises and to extent permissible by law I willfully assume all responsibility for injury or loss of any kind that may be associated with this ear/nose piercing procedure. If signed as parent or legal guardian on behalf of a minor I will hold myself liable and will indemnify the premises and manufacturer in the event such minor makes any claim as a result of this ear/nose piercing procedure. I further understand that making a false statement constitutes an act of fraud.

### If under 16 years of age, Parent or Legal Guardian signature is required:

I represent and certify that I am over 16 years of age or, if given on behalf of a minor, that I am the Parent or Legal Guardian of such minor and will hold only myself liable and will indemnify, defend and hold harmless named store and Inverness in the event such minor makes a claim as a result of ear/nose piercing. I understand a minor signing as an adult or as an adult falsifying information constitutes a legally fraudulent act.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_  
 Customer  Parent  Legal Guardian (court appointed)

STORE COPY



Safe & Gentle Ear Piercing

# AFTERCARE INSTRUCTIONS

**PAIN, REDNESS AND SWELLING ARE NOT A NORMAL RESULT OF EAR/NOSE PIERCING AND CAN LEAD TO INFECTION. SHOULD PAIN, REDNESS OR SWELLING APPEAR ANY TIME AFTER 24 HOURS AFTER THE PIERCING, REMOVE THE EARRING AND SEEK MEDICAL ATTENTION. THIS IS EXTREMELY URGENT WITH CARTILAGE PIERCING, AS VERY SERIOUS INFECTIONS AND/OR COMPLICATIONS CAN RESULT.**

**⚠️WARNING⚠️** It is vital that you faithfully follow ALL of the aftercare instructions to ensure proper healing of your newly pierced ears/nose. Persistent redness or swelling indicates an infection or that your body cannot tolerate a foreign object.

**EARLOBE:** Leave the piercing earrings in for 6 WEEKS. **CARTILAGE/NOSE:** Leave the piercing in for 12 WEEKS.

### DURING THE HEALING PERIOD AS OUTLINED ABOVE::

#### Ear Piercing

- Always wash hands prior to touching your ears.
- CLEANSE** the piercing area 3 times daily using a clean cotton bud to soak both sides of the ear with Inverness Ear Care Solution.
- To prevent the earrings from adhering to the ear, **TURN** them completely around three times daily while cleansing the pierced area. **DO NOT REMOVE EARRINGS WHILE CLEANSING AND TURNING.**
- After cleansing and before bedtime, check the earring back to ensure that it is positioned securely on the piercing earring. Keep the pierced area **DRY and CLEAN**, especially after swimming or exercise. Moist environments breed bacteria and can cause severe infection. Immediately cleanse after using shampoo, hair products, spraying perfume, and after swimming/hot tub or exercise. Keep hair away from ears whenever possible during the healing period.
- Take extra care when removing clothing over the head or brushing hair, so that earrings do not get caught. Exercise care when participating in sports or rough play.

#### Nose Piercing

- Always wash hands prior to touching your nose.
- CLEANSE** the piercing area 3 times daily using a clean cotton bud to soak the outside of the nose piercing with Inverness Ear Care Solution.
- To prevent the stud from adhering to the nose, **TURN** it completely around three times daily while cleansing the pierced area. **DO NOT REMOVE STUD WHILE CLEANSING AND TURNING.**
- Keep the pierced area **DRY and CLEAN**, especially after swimming or exercise. Moist environments breed bacteria and can cause severe infection. Immediately cleanse after using cosmetic products and after swimming/hot tub or exercise. Keep make up away from the nose piercing during the healing period.
- Take extra care when removing clothing over the head, so that the stud does not get caught. Exercise care when participating in sports or rough play.

### AFTER THE HEALING PERIOD:

**EARLOBE:** For the first six months do not go longer than 24 hours without earrings to prevent the hole from closing.

**CARTILAGE/NOSE:** For the first six months, do not leave earrings out for any length of time. When an earring is removed, immediately replace it.

You may want to file down the points of your earring posts with an emery board to make them more comfortable to insert and to avoid reopening the healing area. Clean the earrings with Inverness Ear Care Solution before reinserting.

**EARLOBE:** In many cases returning to proper aftercare procedures will clear up an irritation in the **EARLOBE. CHECK** to see if earrings are too tight. **LOOSEN**, if necessary, and increase cleansing with Inverness Ear Care Solution to three times a day. If the problem continues, remove earrings and **SEEK MEDICAL ATTENTION IMMEDIATELY.**

**CARTILAGE:** If pain, redness, or swelling lasts more than 24 hours **IMMEDIATELY REMOVE THE EARRING AND SEEK MEDICAL ATTENTION.**

CUSTOMER COPY