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COPY

Date _____

Customer Name _____
Address _____
City _____ State _____ Zip _____
Phone _____
Date of Birth _____ Verification of age if required _____

Please accept my application for my ear(s) to be pierced. I have read and understand the following IMPORTANT information and will take the necessary precautions to avoid any possible problems. By my signature below, I truthfully declare the following: I am not under the care of a doctor, e.g. pregnant. I have my doctor's permission to have my ears pierced. I am not suffering from diabetes, epilepsy, hepatitis, HIV, hemophilia, dizziness, or any heart condition and am not taking any blood thinning medication. I am not under the influence of drugs or alcohol.

I have been given a copy of this document, which I have read and understand. I understand that the ear care procedure varies depending on whether piercing ear lobes or ear cartilage. I have noted the differences. I understand that the possibility of infection may exist due to improper hygiene, metal sensitivity or other causes. However, the most common problem is due to a failure to follow carefully the recommended ear care procedure.

I understand and accept that ear piercing in the cartilage may carry a greater possible risk of redness, swelling and infection due to the nature of piercing this area of the ear and/or improper hygiene/after care, which may result in permanent damage to the pierced cartilage area of the ear and I knowingly accept this risk. I understand that due to the nature of ear piercing, exposure to newly pierced ears to certain environments such as swimming and participation in athletic events (exercising, etc.) may increase the likelihood of infection. I therefore undertake to follow carefully the ear care procedure.

I understand that my ears will be pierced with sharpened 14K yellow gold 5mm ball style earrings by Eileen Eichhorn unless an alternative style is agreed upon by this piercer. There is no charge for the procedure by Eichhorn Jewelry, Inc. The only charge is the cost of the earrings.

By my signature below I declare that I have read and understand the following information:

I must wash my hands thoroughly before touching the earrings or ears. I understand I should not touch either the earrings or the ears except with a cotton swab (Q-tip®) or cotton ball using either rubbing alcohol or hydrogen peroxide as a cleansing agent. I must cleanse the front and back of the ear lobe (cartilage) at least twice daily; once in the morning and once again in the evening without removing the earrings. I know I am **not** to twist or turn the earrings as to avoid getting hair inside the newly established earring hole in the ear. I know that I should keep hairspray, soap, shampoo and other preparations away from the earrings. The back (butterfly nut) of the earring must always be positioned at the stop notch. This ensures that the earring remains LOOSE during the healing period. Earrings that are on too tight may lead to infection. You will need to leave the earrings in for **at least** three (3) weeks. Sometimes it takes six (6) weeks for complete healing to occur, especially upper holes. You will need to return to Eichhorn Jewelry to have the points removed from the earrings in order for you to safely wear the gold ball earrings as regular earrings. You will need to call ahead first to schedule. [If one and/or the other earrings would come out during the healing process do not attempt to put back in the hole. Return to Eichhorn Jewelry where the earring will be reinserted. Again, it is best to call for appointment]. As with any type of ear piercing whether lobe or cartilage, extra care is required.

Minor pain/redness may occur immediately – this is normal. This will settle within a maximum of 48 hours provided proper after care is carried out. If undue pain/swelling/redness occurs, consult your doctor IMMEDIATELY. If infection has set in, DO NOT REMOVE the earrings until you have consulted your doctor.

I am over the age of consent or given on behalf of a minor, under the age of consent, that I am the parent or legal guardian of such minor. I understand that a minor signing as an adult commits an act of fraud.

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

Customer Signature _____ Date _____

Parent/Guardian Signature (required if under age of consent) _____