

# Registration Form

## PERSONAL DETAILS

Ear Piercing Stud Style

Customer Name .....

Customer Address .....

.....

Telephone ..... Date of Birth .....

If child over 4 months of age, has child received final immunisation?  
(If no, consult doctor)

Proof if required. E.g. birth certificate.....

By signing this form I certify that I have read the CAFLON EAR PIERCING DECLARATION and that I have read and received a copy of the After Care Procedure and understand the risk of infection if not faithfully followed. Understanding the risks I consent to have my ear(s) pierced by an employee of this 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 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 piercing procedure. I further understand that making a false statement constitutes an act of fraud.

.....  
Customer Signature (or Parent/Guardian signature on behalf of a minor)\* Date

Check here if signed on behalf of minor by;

- PARENT  
 LEGAL GUARDIAN



Piercing Location:

- Left ear  
 Right ear

\* All clients under the age of 16 must have a parent or Legal Guardian sign this form on behalf of the minor!

Ear Piercing Technician ..... Customer Initial.....

Please accept my authorisation to pierce my ears. I have read and understand the following information which is of considerable importance in taking precautions to avoid any possible problems arising from the treatment. By my signature on the CAFLON RELEASE FORM AUTHORISATION AND EAR PIERCING APPLICATION. I truthfully declare the following:

- I am not under the care of my doctor for any condition which should prohibit me from having my ears pierced. Should I be 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. Haemophilia or Dizziness and I am not taking any blood thinning medication.
- I am not under the influence of drugs or alcohol.
- I have been given a copy of the CAFLON After Care Procedure on the reverse side of this declaration form, which I have read and understand.
- I understand that the After Care procedure varies depending on whether the piercing is of the ear lobe or the ear cartilage and 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 is due to a failure to follow carefully the recommended After Care Procedure.
- **I understand and accept that ear piercing in the cartilage may carry a greater 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 of newly pierced ear to certain environments such as swimming and participation in athletic events (exercising) may increase the likelihood of infection.
- I therefore undertake to follow carefully the After Care Procedure.
- I am not under 16 years of age or having given consent on behalf of a minor under 16 years of age, that I am parent or legal guardian of such minor. **If signed as a parent or legal guardian on behalf of a minor, I will hold myself liable and will indemnify the premises in the event such a minor makes a claim as a result of the ear piercing procedure.**

Approved by the Ear Piercing Manufacturers of Europe. Ltd

