

Ear Piercing Release Form

RR# _____

Sterilization Lot Number _____

please print

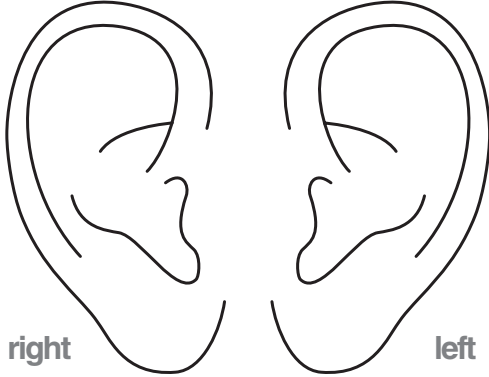
name _____ age _____

address _____

city _____ state _____ zip _____

e-mail address _____

Piercing location



initial _____
technician customer

I, the undersigned, understand that my ear(s) are being pierced with Roman Research, Inc. pre-sterilized Steri-studs / Steri-cartridges made of nickel safe surgical stainless steel, 14karat gold, and 24karat gold electroplate; and that Roman Research ear piercing studs are not intended to pierce anything but an ear. I understand that there are risks associated with ear piercing and do hereby certify I am not under the influence of alcohol or drugs; and that I have consulted my personal physician regarding any pre-existing medical conditions that may be hazardous if my ears are pierced. I acknowledge that I am not suffering from diabetes, epilepsy, hepatitis, HIV, that I am not taking any anticoagulant medication; and that I have no allergies, or discoloration, swelling, lumps, or signs of irritation of the ears. I further acknowledge that these studs are not designed for nose piercing. I understand the risks associated with ear piercing including the need for proper care, and voluntarily elect and consent to same. I hereby release and forever discharge:

_____ and _____
store name technician(s)

and Roman Research, Inc. and their employees from all matter of actions, causes, and demands in law and equity which I or my heirs, executors, or administrators have or might have now or hereafter by reason of his/her complying with my request to pierce my ears.

I further agree to care for my ears, for the period recommended, according to the following outline:

1. Twice daily, cleanse the ear, both front and back, with Misty Gel. (If not available, isopropyl alcohol may be used.)
2. After bathing or shampooing, be sure to rinse the piercing location thoroughly.
3. Leave studs in ears for a recommended period of 4 to 6 weeks.
4. For the first 6 months, go no longer than 72 hours without wearing earrings.
5. Wear quality post-type hypoallergenic earrings, such as Simply Whispers, to prevent earring irritation.
6. Should problems develop, contact your physician.

You must be 18 years of age or older to have your ears pierced without your parent's or legal guardian's consent. Your signature below indicates that you are over 18.

I have read and understand all of the above instructions. I agree to follow each step of ear care exactly and I acknowledge the importance of these instructions in maintaining healthy ears.

In Witness whereof, I have here unto set hand and seal this _____ day of _____, 20_____

signature _____

parent / guardian signature _____



Roman Research, Inc.

800 Franklin Street, Hanson, MA 02341 www.romanresearch.com 10/06

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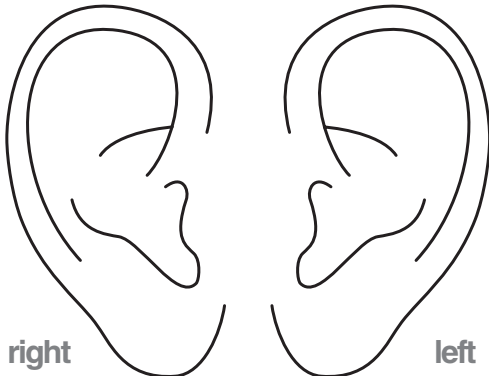
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