



Hearing Healthcare Professionals

EAR PIERCING RELEASE

Patient Name: _____ DOB: _____

If patient is under 18 years of age:

Parent/Guardian: _____ Phone: _____

Address: _____ City: _____ State: _____ ZIP: _____

In signing the waiver below, I am self-certifying that I am the parent or legal guardian and that I have the authority to take actions for this minor. I acknowledge that my minor is 6 months or older and has received their first set of government recommended immunizations.

PLEASE INITIAL THE FOLLOWING AND SIGN BELOW:

_____ I understand that my ears will be pierced with pre-sterilized, single-use ear piercing earrings that are packaged in sealed cartridges.

_____ I acknowledge that if I am taking blood-thinning medications, antibiotics, have diabetes, am pregnant, have a history of infection or any other medical problem, ear piercing may carry a greater risk for me. I must consult a physician for approval before piercing.

_____ I understand that, despite HHPs best efforts and my proper after care, the potential for infection exists. Improper after care/hygiene, metal sensitivity, or other causes may increase the risk of infection. Additionally, ear piercing may result in the formation of cysts or keloids.

_____ I have read and understand the AFTER-CARE PROCEDURES and received a copy for my reference.

_____ I understand that since HHP will not have the opportunity to monitor my at home after care, it is solely my responsibility to follow the AFTER CARE PROCEDURES provided at the time of the ear piercing.

_____ I have agreed to this ear-piercing procedure; I am fully aware of the potential risks and complications.

_____ I understand that there is an appointment fee of **\$75** should we decide not to follow through with today's piercing. I understand that there is a fee of **\$75** if the pre-sterilized package has been opened and we choose not to follow through with today's piercing. (Totaling \$150; \$75 appointment fee, \$75 earring fee.)

_____ I understand HHP has the right to cancel the piercing for any reason should the situation become unsafe for either the patient, parents/guardians or HHP staff. HHP staff will not forcibly restrain a patient in order to complete the piercing.

_____ I understand that HHP will do their best to pierce in the marked position, however adequate placement is directly dependent on patient cooperation.

_____ I understand that HHP does not replace lost earrings. HHP will replace an earring with a manufacturer defect or missing gemstone within 90 days from the date of service. Separate office visit fees do apply for help with insertion.

AGREEMENTS & RELEASE OF LIABILITY/WAIVER OF CLAIMS:

Hearing Healthcare Professionals, LLC uses a safe hygienic ear-piercing procedure. However, improper care of newly pierced ears on my part, or other causes, can lead to problems over which HHP has no control. I, the undersigned, acknowledge that I am aware that ear piercing carries some risks. These risks include, but are not limited to: infection, metal sensitivity, allergic reactions, inflammation, embedding, scarring, fainting and other complications. I voluntarily agree to this ear-piercing procedure, for myself or my minor child, 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 ear piercing.

In signing this RELEASE OF LIABILITY/WAIVER OF CLAIMS, I hereby acknowledge and represent that:

- I have read this release of liability/waiver of claims, understand it and sign it voluntarily.
- I am over 18 years of age or am the parent/guardian of a minor under 18 years of age, and I hold only myself liable and hereby release and waive any and all claims that I may have against Hearing Healthcare Professionals, LLC.
- I further agree that should I, my child, or anyone else make a claim against Hearing Healthcare Professionals, LLC for compensation for damages or harm allegedly incurred because of negligence of Hearing Healthcare Professionals, LLC, I shall indemnify and hold Hearing Healthcare Professionals, LLC harmless against all such claims and associated costs, including attorney fees HHP incurs in defending against such claims.

Print Name _____ ☐ Parent ☐ Legal Guardian

Signature _____ Date _____