

Piercing Release Form

I acknowledge by signing this release form that I fully understand that I will be engaging in activities that involve risk of serious injury which might result not only from my own actions, inaction, or negligence, but action, inaction or negligence of others, the condition of the premises, or of any equipment used. I further acknowledge that there may be other unknown risks not reasonably foreseeable at this time, and I expressly assume all the foregoing risk and accept personal responsibility for any and all damages following such injury, permanent disability, or death.

I hereby release W. Whittney Matlock, SuspenDC, The Crucible, affiliated organizations, members, directors, managers, volunteers, employees and associated personnel, officers, directors, agents, including the owners, lessees, and lessors of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from any and all liability to me, my heirs, or next of kin for any and all claims by or on behalf of me as a result of my participation in the event. I agree to save and hold harmless and indemnify each and all parties herein referred to above as releasees from all liability, loss, cost, claim, or damage whatsoever, including death or damage to property, court costs, and attorney's fees which may be imposed upon said releasees because of any defect in or lack of such capacity to so act or caused or alleged to be caused in whole or in part by the negligence of the releasees.

I have been given the full opportunity to ask any and all questions which I might have about attending this event and in participating in any way, including but not limited to piercings and suspensions, and all of my questions have been answered to my full and total satisfaction. I specifically acknowledge that I have been advised of the facts as set forth below and I agree as follows:

(initial each line)

1 I am at least	18 years of age. I have provided a valid, government issued photo ID to verify this.
	mant. I do not have a heart condition. I do not have epilepsy. I have not had hepatitis within
-	I am not a hemophiliac. I am not under the influence of drugs or alcohol.
	edge, I do not have any physical, mental, or medical impairment or disability that might
2	ll being as a direct or indirect result of my decision to have any piercing related work done at
this time.	
	d the piercing team I'm working with of any medical history or allergies that may effect my pierced or suspended and of all medications I'm currently taking.
	low all instructions concerning the care of my piercing while it is healing. I acknowledge
	itten instructions advising me of the proper care of my piercing, and I recognize the absolute
	following these instructions.
6 I acknowledg	ge that it is not reasonably possible for the representatives and employees of the releasees to
determine w	nether I might have an allergic reaction to the materials used in my piercing, and I agree to
accept the ris	sk that such a reaction is possible
7 I acknowledg	ge that the obtaining of my piercing is by my choice alone and I consent to the application of
the piercing	and to any action or conduct of the representatives or employees of the releasees reasonably
necessary to	perform the piercing and/or suspension procedure.
8 I agree to pay	any and all damages and injuries to any and all persons and property belonging to the
	any other person to whom the releasees may become liable contractually or by operation of
· · · · · · · · · · · · · · · · · · ·	by, or resulting from my decision to have any piercing related work done by the releasees.
9 I agree, for n	nyself, my heirs, assigns, and legal representative to release and forever discharge and hold
harmless the	releasees and their agents, employees, volunteers, officers, and shareholders from any and all
· ·	iges, or legal actions arising from or connected in any way with my piercing, the procedures
	used to apply my piercing, the procedures and conduct used during my suspension, and any
resulting effe	ects from improper, inefficient or otherwise inadequate aftercare.

SuspenDC

Get Hooked	and	Fly
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	Ger	t Hooked and Fly	
1		be continuing in nature, and shall apply not only to this pier lications, or piercings that I contract to have applied or inst	
	I acknowledge reading and understa	anding this form and each and every paragraph	
	thereof.		
	2 1	bstantial rights by signing this release and sign	
	below voluntarily		
this Ag	reement that he or she has not been induced,	contained. Each party hereby acknowledges that in execut persuaded, or motivated by any promise or representation. If any part of this agreement is invalidated for any reason	made
Date Please	Signature e print:		
	Name:	Date of Birth:	
	Street Address:		
	City, State, Zip:		
	Phone:		
	E-mail:		
Above ir State Verifi e	information verified by (circle one) issued ID / Driver's License / US Passed by:	sport	
V CI III	cu ov.		

Place ID here Photograph all pages of this release for event records.

Initial

SuspenDC

Get Hooked and Fly

Piercing After Care Sheet

Thank you for taking part in SuspenDC.

This page is for you to keep as a quick reference guide to caring for your skin after the hooks have been removed. If you have any questions or concerns about how your skin is healing, please contact Whittney at whittney@suspendc.com

Good After Care Once the Hooks are Out

- 1. Remove bandages 2 to 4 hours after hooks have been removed by the suspension team.
- 2. Wash the piercing site with mild soap (Dove, Ivory and Dr. Bronner's are good choices). Avoid Antibacterial Soap
- 3. Wash once daily until healed.
- 4. Using cocoa butter or taking vitamin E once a day can help reduce scarring.



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