ISSA LUMA JEWELRY – PERMANENT JEWELRY SERVICE – DISCLOSURE & WAIVER FORM

PERMANENT JEWELRY SERVICE IS OFFERED TO ADULTS 15 YEARS OF AGE AND OLDER READ CAREFULLY AND COMPLETE BACK OF THIS FORM

PERMANENT JEWELRY & CARE

The term permanent jewelry was created by the jewelry industry to describe a piece of jewelry that does not have a clasp and uses a jewelry grade pulse welding machine to secure the jewelry, called "the service". Permanent Jewelry in its truest form is fine jewelry and requires the care equal to that of other removable fine jewelry. It is not indestructible and requires ongoing care and cleaning. Wear and tear beyond a reasonable timeframe may be experienced and the care of jewelry is the sole responsibility and ownership of "the Client". This disclosure and waiver are also extended to custom-fit jewelry service.

WELDING & FIT WARRANTY

- Tighten/adjust fit <u>after</u> weld &/or chain cut Subject to a fee &/or total replacement of the chain payable by the Client.
- Breakage of the weld within 14 days of service One complimentary reweld at no cost. Proof of purchase required.
- Breakage of the weld **beyond** 14 days of service Subject to a reweld fee. Proof of purchase required.
- Reweld due to Medical Reasons No cost to reweld. Proof of purchase & medical evidence required.
- Weld Inspection Lifetime inspection at no cost
- Chain fit adjustments after initial service is subject to a fee. Proof of purchase required.

JEWELRY - CHAINS, CHARMS, & OTHER ADDITIONS WARRANTY

- Breakage within 14 days of purchase Subject to inspection of the chain and Proof of Purchase. At Issa Luma Jewelry's discretion, one complimentary repair or replacement of equal value or less may be offered.
- All warranties become null and void should a client make modifications/repairs performed by another service provider

OTHER

- Any warranty not listed above is considered out of scope.
- Warranty claims must be received within the timeframe specified & in writing to info@issalumajewelry.com

that there will be no compensation of any form day of or any time in the future for the use of my likeness.

- Warranty service is **only** offered at Mobile Studio locations as scheduled
- Issa Luma Jewelry is not liable for lost or stolen iewelry

WAIVERS I ACKNOWLEDGE (initial each)All sales are final and that refunds and exchanges are not offered by Issa Luma Jewelry ("ILJ").
ILJ and its affiliates are not responsible for any or all occurrences of an allergic reaction or skin irritation and/or potential medical attention to treat such. I am of good health and have advised ILJ of any and all medical conditions prior to receiving the service.
ILJ will not be held responsible for loss/damage to jewelry where modifications/repairs are performed by another service provider, even if it is performed within ILJ warranty period.
Permanent jewelry requires a form of welding and such procedure encompasses a level of risk that may result in injury, pain, damage and/or loss. Notwithstanding the potential risks, I am voluntarily participating in and desire to obtain permanent jewelry with the knowledge of the potential risks
Consent to receive medical treatment during my participation in the procedure to obtain permanent jewelry and I am responsible for all costs of such medical treatment and any additional related expenses that may be incurred during and thereafter the medical treatment; releasing ILJ and its affiliates from any claim based on such treatments.
There may be exposures that ILJ can not predict that may have an impact on the integrity of the jewelry; common exposures may include salt water, chlorine, personal ph levels, sulphur in water, well water, to name a few.
Photographs and/or video maybe taken during my service or around the vicinity of my service by the staff of ILJ. I or my likeness

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PLE	EASE <u>PRINT</u> & USE <u>C</u>	APITAL LETTERS (<mark>YELLOW SH</mark>	<mark>ADED</mark> LINES ARE MANDATORY))		
1.	*Client Name (first, last name) This is the person receiving the perma	nent jewelry					
2.	*Email Address: (for receipt de warranty)	elivery & proof of purchase for					
3. *Client Address: (required)							
4.	Client Phone #: (optional)						
5.	Do you have any medical you cleared by your medical participate in this service?	cal practitioner to	☐ Yes	applicable; no medical co , I have medical condition lical practitioner		e been cleared by my	
CON	SIGNING I ACKNOWLE NDITIONS AND DISCLOS CURATE.						
Your signature:				Dated on:			
Staf	f Initial		Office	Use			
Cha	ain	Charm		Type (B, N, A, Oth)	Ord	der#	
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