

PEACOCK'S TATTOO STUDIO

PIERCING RELEASE FOR MINOR

PARENT/LEGAL GUARDIAN CONSENT FOR APPLICATION OF BODY PIERCING AND
RELEASE AND WAIVER OF ALL CLAIMS FOR MYSELF, THE MINOR AND FAMILY.

I _____ am the parent or legal guardian
of _____. We reside at

Our phone number is _____.

I acknowledge by signing this writing that I have been advised of the facts and matters set forth below, and agree as follows:

1. I am consenting to my son/daughter or person for whom I am legal guardian to have a piercing applied to their body of which the design and placement of such is their own choice to make.
2. I believe that my son/daughter or person for whom I am guardian has given enough hard thought about having a piercing applied and I feel that it is alright for them to do so.
3. I take full legal and moral obligation for the piercing that is applied to my son/daughter or person for whom I am legal guardian.
4. I have read and agree to the CONSENT FOR APPLICATION OF BODY PIERCING AND RELEASE AND WAIVER OF ALL CLAIMS form on behalf of my son/daughter or person for whom I am legal guardian.

PARENT/LEGAL GUARDIAN SIGNATURE

DATE

MINOR'S SIGNATURE

DATE

Sworn to/affirmed and subscribed before me this _____ day of _____, 20____
by _____, who is personally known to me or who presented
as satisfactory identification.

(Form of Identification)

(Signature of Notary)

(Name of Notary typed, stamped or printed)