

PARENTAL CONSENT FORM

I, _____ (parent's name), do hereby give my consent and permission for _____ (minor's name).

To obtain a **TATTOO/PIERCING** (circle one) from:

TATTOOS BY LOU / SOUTH BEACH TATTOO CO, In doing so I accept full legal and moral responsibility for said **TATTOO / PIERCING** and assume all liability associated with the same.

By signing this consent, I confirm that I have read and understand all information on the medical disclosure and release liability form and the completed care instructions. I agree to supervise the aftercare procedures to insure proper healing of said **TATTOO / PIERCING**.

Parents full name: _____

Signature: _____

STATE OF FLORIDA
COUNTY OF _____

Sworn (per affirmed) and subscribed before me this _____ day of _____, 20____,
By _____ (name of person making statement).

(NOTARY SEAL) (Signature of Notary Public–State of Florida)
(Name of Notary Typed, Printed, or Stamped)

Personally known _____ or produced Identification _____

Type of Identification Produced _____