

Clearwater

# TATTOING AT IT'S FINEST

Lakeland

461-0454

## LOU'S

644-0409

# TATTOOS

And Body Piercing  
Hospital Type Sterilization

This is a legal document for the release of claims of a parent or guardian for **Body Piercing** of a minor. I \_\_\_\_\_ do swear that I have  
**Parent/Guardian**

legal custody of \_\_\_\_\_ and have proven  
**Minor**

Identification beyond a reasonable doubt, for myself and my child to a Notary Public for the purpose of allowing the Piercing of said child.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Signature of Minor

We, \_\_\_\_\_ and \_\_\_\_\_  
Print Parent/Guardian's Name

\_\_\_\_\_  
Print Minor's Name

Agree to release and forever discharge and hold harmless **LOU'S TATTOOS** and its agents and employees from any and all claims, damages or legal actions arising from or connected in anyway with the Piercing procedures used.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Signature of Minor

Name: \_\_\_\_\_

Piercing: \_\_\_\_\_

Address: \_\_\_\_\_

Location: \_\_\_\_\_

City-State-Zip: \_\_\_\_\_

Cost: \_\_\_\_\_

ID Type: \_\_\_\_\_

Cash:      N/C:      Visa:      Am/Ex

License #: \_\_\_\_\_

Lou's Tattoos/Piercing Rep: \_\_\_\_\_

DOB \_\_\_\_\_

**Notice to Notary: Please see identification of both persons as Florida State Statute #381.0075 "Piercing Prohibited" is being waived. Form is to be completed before affixing seal.**

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Date

\_\_\_\_\_  
Seal

Clearwater  
461-0454

St. Pete  
527-9088



TATTOOING AT ITS FINEST  
**LOU'S  
TATTOOS**  
Hospital Type Sterilization  
Custom Cover Ups Licensed  
Artistic Designs

Madeira Beach  
397-6176

Lakeland  
644-0409

This is a legal document for the release of claims of a parent or guardian for the tattooing of a minor. I \_\_\_\_\_ do swear that I have  
Parent/Guardian  
legal custody of \_\_\_\_\_ and have proven  
Minor  
identification beyond a reasonable doubt, for myself and my child, to a Notary Public for the purpose of allowing the tattooing of said child.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Signature of Minor

We, \_\_\_\_\_ and \_\_\_\_\_  
Print Minor's Name Print Parent or Guardian's Name

agree to release and forever discharge and hold harmless LOU'S TATTOOS and its agents and employees from any and all claims, damages or legal actions arising from or connected in anyway with the tattoo or the procedures and conduct used to apply the tattoo.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Signature of Minor

Name: \_\_\_\_\_

Tattoo: \_\_\_\_\_

Address: \_\_\_\_\_

Location: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Cost: \_\_\_\_\_

ID Type: \_\_\_\_\_

Cash: M/C VISA AM/EX

License #: \_\_\_\_\_

Lou's Tattoos Rep: \_\_\_\_\_

DOB: \_\_\_\_\_

Artist: \_\_\_\_\_

**Notice to Notary** - Please see identifications of both persons as Florida State Statute #877.04 "Tattooing prohibited" is being waived. Form is to be completed before affixing seal.

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Date

\_\_\_\_\_  
Seal

**This form expires ten days after signing.**