

Clearwater

461-0454

TATTOING AT IT'S FINEST

LOU'S

TATTOOS

And Body Piercing

Hospital Type Sterilization

Lakeland

644-0409

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



STATE OF FLORIDA
DEPARTMENT OF HEALTH
Authority 381.00771, Florida Statute, and Chapter 64E-28, Florida Administrative Code
Written Notarized Consent for Tattooing of a Minor

State of Florida

County of _____

Before me this _____ day of _____, 20____,

Personally appeared _____
(Name of Parent/Guardian)

who, under oath or affirmation, makes the following statements under penalties of perjury:

I am the parent/guardian of _____
(Name of Minor)

a minor, whose date of birth is _____
(Month) (Day) (Year)

and I consent to the tattooing of _____'s
(Name of Minor)

(Description and Location of Tattoo)

(Signature of Parent/Legal Guardian)

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)

For Office Use Only
_____ (Printed Name of Licensed Salon)
_____ (Signature of Tattoo Artist)
_____ (Printed Name of Tattoo Artist)

(Notary Seal)