

KING CITY

TATTOOING & BODY PIERCING

CONSENT OF PARENT OR LEGAL GUARDIAN

Date: _____

I _____, give my full permission to the agents of KING CITY Tattooing and body piercing to perform their services on my minor child. I acknowledge and swear to the fact that I am the parent or legal guardian of this minor. I understand that having certain procedures done on my child may be a permanent change in the appearance of my child. I am also aware of the risks that are involved. I give my full consent to King City and any and all agents of King City to perform their services and procedures on my child.

I agree to release and forever discharge and forever hold harmless, King City tattooing and body piercing, and its associates, agents, officers, and shareholders from any and all claims, damages, or legal actions arising from or connected to in any way, my decision to allow my minor child to have the procedures and services provided by King City tattooing and body piercing, and any and all agents of King City tattooing and body piercing.

Parents Name: _____

Parents Signature: _____

Relationship to Minor: _____ **Parent** _____ **Legal Guardian**

Phone Number _____

Minors Name _____

Minors Date of Birth _____

Type of procedure: _____ **Tattoo** _____ **Body Piercing**

Subscribed and sworn before me in: _____ **County, State of** _____

On the _____ **Day of** _____, 200__

Signature of Notary: _____

My commission Expires: _____