

AFTERSHOCK

TATTOOING & BODY PIERCING

1016 E. Santa Fe, Olathe, KS 66061 (913) 829-9450

CONSENT OF PARENT OR LEGAL GUARDIAN

DATE: _____

I, _____, give my full permission to the agents of AFTERSHOCK 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 AFTERSHOCK and any and all agents of AFTERSHOCK To perform their services and procedures on my child.

I agree to release and forever discharge and forever hold harmless, AFTERSHOCK 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 AFTERSHOCK Tattooing and Body Piercing, and any and all agents of AFTERSHOCK Tattooing and Body Piercing.

Parents Name: _____

Parents Signature: _____

Relationship to Minor: ___ Parent ___ Legal Guardian

Phone Number: _____

Minors Name: _____

Minors Date of Birth: _____ **Age:** _____

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

DO NOT WRITE BELOW THIS LINE
TO BE FILLED OUT AND STAMPED BY NOTARY

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

On the _____ **day of** _____, 200_____.

Signature of Notary: _____

My Commission Expires: _____

Notary Stamp Here

DO NOT WRITE BELOW THIS LINE

PHOTO I.D. HERE

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