LEGAL GUARDIAN MUST BE PRESENT!!

SKIN CITY INK & STEEL MINOR CONSENT TO BODY MODIFICATION CONSENT FORM

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the parent/legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_induce Skin City artists to tattoo/pierce my son or daughter. In consideration of doing so, I fully understand THE ARTIST DOES NOT ACT AS A MEDICAL PROFESSIONAL. Any suggestions made to us are NOT to be construed as/or substituted for advice from a medical professional.

I acknowledge by signing this agreement that I have been given the full opportunity to ask all questions which I might have about the obtaining of a tattoo/piercing and that all my questions have been answered to my full satisfaction. I specifically acknowledge I have been advised of the facts and matters set forth below and I agree as follows:

* If my child has diabetes, epilepsy, hepatitis, hemophilia, HIV-AIDS, or any other communicable disease, heart condition or take medicine which thins the blood I have advised the artist. She is not pregnant or nursing. He/she is not under the influence of alcohol or drugs.
* He/she does not have medical or skin conditions such as but not limited to: acne, scarring (keloid), eczema, psoriasis, freckles, moles or sunburn in the area to be tattooed/pierced that may interfere with said tattoo/piercing. If he/she has any type of infection or rash anywhere on his/her body, he/she will advise their artist.
* I acknowledge it is not reasonably possible for the representatives and employees of this tattoo shop to determine whether he/she might have an allergic reaction to the pigments or metals used in his/her tattoo or piercing and I agree to accept the risk that such a reaction is possible.
* I acknowledge that infection is always possible because of the obtaining of a tattoo/piercing, particularly if he/she does not take proper care of the tattoo/piercing. She has or will receive aftercare instructions and he/she agree to follow them while the tattoo/piercing is healing.
* I realize that variations in color and design may exist between any tattoo as selected by him/her and as ultimately applied to his/her body. I understand that if his/her skin color is dark, the colors will not appear as bright as they do on light skin.
* I understand that if he/she has any skin treatments, laser hair removal, plastic surgery or other skin altering procedures, it may result in adverse changes to his/her tattoo.
* I acknowledge that a tattoo/piercing is a permanent change to my child’s appearance and that no representations have been made to me as to the ability to later change or remove my child’s tattoo/piercing. To my knowledge, he/she does not have a physical, mental or medical impairment or disability which might affect his/her wellbeing as a direct or indirect result of his/her decision to have a tattoo/piercing.
* I acknowledge that obtaining this tattoo/piercing is my child’s choice alone and will result in a permanent change to his/her appearance, and that no representation has been made to me as to the ability to restore the skin involved in this tattoo/piercing to is pre-piercing condition.
* I acknowledge that I have truthfully represented to his/her tattooist that the obtaining of a tattoo/piercing is by his/her choice alone. I consent to the application of the tattoo/piercing and to any actions or conduct of the representatives and employees of the tattoo shop reasonably necessary to perform the tattoo/piercing procedure.

Therefore, I request the artist to tattoo/pierce my son/daughter. I understand that tattoos usually take 2 to 4 weeks or longer to heal. Piercings usually take 4 to 6 weeks or longer to heal. I agree to release and forever discharge and hold harmless the artist and all employees from all claims, damages or legal actions arising from or connected in any way with my tattoo/piercing or the procedure and conduct used in his/her tattoo/piercing. I acknowledge that I have read this document with my child and we agree to the terms and conditions of this document.

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

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

License No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Mobile Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

License No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Mobile Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

State of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

) ss.

County of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

The foregoing instrument was acknowledged before me by

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This \_\_\_\_\_day of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_

Witness my hand and official seal.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public

(seal)

Print or Type Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_