

Virgin Ink Tattoo Studio
802 E Fillmore Street Colorado Springs, CO 80907
Shop # 719-375-5087
Virgininktattoos@gmail.com

PARENTAL CONSENT FOR PIERCING

Name of Legal Guardian or Parent: _____

Address: _____ Phone # _____.

HEREBY SWEARS OR AFFIRMS UNDER PENALTY OF PERJURY, that the following facts as stated in this document are true:

1. I am the natural parent or legal guardian of: _____ 2. The minor child's date of birth is: _____ 3. The child's age is: _____. 4. I have legal authority to give consent for this child's piercing. 5. I consent to the piercing of my child as follows: (type of body art and area of body)

_____ 6. I also will not hold Virgin Ink Tattoo Studio located at 802 E Fillmore Street, Colorado

Springs CO 80907 liable for any piercing done by any piercing specialist and I understand there will be no refunds for piercings.

7. _____ - I WAIVE AND RELEASE to the fullest extent permitted by law any person of Virgin Ink Tattoo Studio from all liability whatsoever, including but not limited to, any and all claims or causes of action that I, my estate, heirs, executors or assigns may have for personal injury or otherwise, including any direct and/or consequential damages, which result or arise from the procedure and application of my piercing, whether caused by the negligence or fault of either the customer or Virgin Ink Tattoo Studio, or otherwise.

8. _____ - I do not suffer from medical conditions such as but not limited to HIV, hepatitis B or C, herpes, diabetes, epilepsy, hemophilia, heart condition(s), nor do I take blood thinning medication. I do not have any other medical or skin condition that may interfere with the procedure, application or healing of the piercing. I am not the recipient of an organ or bone marrow transplant or, if I am, I have taken the prescribed preventative regimen of antibiotics that is required by my doctor in advance of any invasive procedure such as tattooing or piercing. I am not pregnant or nursing. I do not have a mental impairment that may affect my judgement in getting the piercing.

9. I understand this type of piercing usually takes 6 to 8 weeks or longer depending on the part of the body to heal. I agree to release and forever discharge and hold harmless the Piercer and all employees from any and all claims, damages or legal actions arising from or connected in any way with my piercing, or the procedure and conduct used in my piercing.

_____ Signature of
parent/Legal Guardian Today's date _____

Driver's License/ID# _____ Expiration: _____ State Issued: _____

Client received verbal and written documentation that includes aftercare, risk, and outcome instructions, and a copy of this consent form:

Customer Signature _____ Print _____ Date _____

Piercing Specialist Signature _____ Print _____ Date _____

Piercing Fee \$ _____ Manager approval _____

Expiration dates:

Lot #'s
