

Parental Release Forms for Piercing/Tattooing of Minors

I _____ (parent/legal guardian) give my permission for _____
(child/minors name) to receive a body piercing or tattoo
performed by Twisted Images INC.

Piercing or Tattoo to be received _____

Artist that will perform the procedure _____

Date _____

Signature of parent or legal guardian _____

State of Kentucky

County of _____

The foregoing instrument was acknowledged before me this _____ (date) by
_____ (name of person acknowledged)

Notary public

Title (and Rank): _____

Print Name: _____

Registration number: _____

(Seal, if any)

My commission expires: _____