

# **PARENT OR GUARDIAN RELEASE FORM**

**[minors 16-18 of age]**

I (print) \_\_\_\_\_, parent or guardian of the  
minor \_\_\_\_\_, give my full permission to Arrivederci  
Tattoo to perform \_\_\_\_\_ procedure  
on my minor child.

\_\_\_\_\_

Parent or Guardian Signature

Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date