## Written Notarized Consent for Body Piercing of a Minor Soulshine

Soulshine 6025 Taylor Road #102 Punta Gorda, FL 33950

County of					
Before me this	Day of		, 20		
Personally Appeared (Name	of Parent/Guard	ian)		,	
Who, Under oath or aff I am the Parent/Legal C	Guardian of	Name of Min	or)		perjury:
a minor, whose date of	birth is	(Month)	, (Day)	, (Year)	
And I consent to the bo	dy piercing of	(name of N	Minor)	's	
(Name/Location of Pier			Pierc	ing.	
I accept that I must be p	0	e of the pierc	ing if my child is	under 16 yea	rs of age.
(Signature of Parent/Le	egal Guardian)				
I agree to release and fo from any and all claims her piercing, or with the	, damages and leg	gal actions ari	sing from or cor	nected in any	ole Barros y way with his/
Sworn to/Affirmed and	subscribed befor	e me this	day of	·	_, 20
By	, Who is personally known to me or presented				
	(Form of Id	as satis entification)	sfactory identific	cation.	
Notary seal:					
		(Signature of	Notary)		
(Name of Notary type, s	stamped or printe	ed)			
		Office Use C	only		

(Printed name of Piercer)

(Printed name of Licensed studio)

(Signature of Piercer)