



607 Red River St Austin, Texas 78701 (512)

476-6824

PARENTAL CONSENT FOR BODY PIERCING ON A MINOR

- > I understand that the PIERCEE will be pierced under proper and sterile conditions with instruments, jewelry, tools and techniques designed for body piercing.
- > I understand that the PIERCEE will be pierced with a pre-sterilized needle, used only on the PIERCEE and then immediately disposed of.
- > Most materials used for the procedure are single use and are thrown away after each piercing. Those tools that are re-used are subject to ultrasonic cleaning and autoclave and Statim sterilizing before re-use.
- > I acknowledge that infection is always possible as a result of a new piercing, and understand that PROPERLY following the written and verbal aftercare instructions the PIERCEE will be provided with at time of piercing will increase the chances of successful healing.
- > I acknowledge that it is not reasonably possible for the piercer to determine whether or not the PIERCEE will experience an allergic reaction to the piercing jewelry or the materials used in the piercing procedure.
- > I will advise the piercer of any known allergies or physical conditions such as, latex, immunosuppressive illnesses, epilepsy, diabetes, or tendency keloid, that the PIERCEE suffers from and have been advised of any special precautions to take during the healing time.
- > I understand that True Blue Tattoo LLC reserves the right to refuse service to anyone for any reason. Additionally True Blue Tattoo LLC reserves the right to decline to perform certain piercings on any individual at the discretion of the piercer on duty.

PARENTAL/MANAGING CONSERVATOR/GUARDIAN INFORMATION

State of Texas, County of _____

_____ Residing at: _____
(Print Name of Parent or Legal Guardian) (Parent or Legal Guardian Place of Residence)

Hereby swears or affirms Under penalty of perjury, that the following facts as stated in this document are true:

_____ is my minor child, with the birth date of ____/____, 20____
(Name of minor to be pierced) (Month) (Day) (Year)

residing at: _____
(Minor Place of Residence)

Initial: _____ I have the authority to consent to the body piercing of my child.
Initial: _____ I confirm I have read this form, that I understand it, and agree to be legally bound by it.
Initial: _____ I have presented VALID State or Federal Government Issued Photo Identification as proof of my identity.
Initial: _____ I agree to remain present with my minor child during the entire procedure of body piercing.
Initial: _____ I induce True Blue Tattoo LLC and its representatives to perform the body piercing described in this document upon the person _____ described in this document as the PIERCEE, and in consideration of doing so, release True Blue Tattoo LLC and its representatives _____ from any & all liability.
Initial: _____ I consent to the body piercing of my child as follows: _____
(Location of piercing on Child)

Signature of Parent/Guardian _____ Date _____ Phone# of Guardian _____
(_____) _____
Signature of Minor _____ Date _____ Phone# of Minor (_____) _____

NOTARY INFORMATION

SWORN TO, OR AFFIRMED, IN PERSON BEFORE ME, this day of ____/____, 20____, by
(Print name) _____ (Month) (Day) (Year)

who is personally known to me, or, who produced satisfactory identification in the form of:

(Signature of Notary)

(Printed Name of Notary)

SEAL: