



RED RIVER ST Tattoo: 512-472-2783 Piercing: 512-476-6824 • AIRPORT BLVD Tattoo: 512-363-5511
info@truebluetattoo.com www.truebluetattoo.com

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, 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 & Body Piercing reserves the right to refuse service to anyone for any reason. Additionally True Blue Tattoo & Body Piercing 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:

Initial: _____ I confirm I have read this form, that I understand it, and agree to be legally bound by it,
Initial: _____ I have provided VALID State or Federal Government Issued Photo Identification as proof of my identity,

Initial: _____ I have presented evidence of my status as Parent, Managing Conservator, or Legal Guardian of the individual to be pierced,

Initial: _____ I induce True Blue Tattoo & Body Piercing 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 & Body Piercing and its representatives from all liability.

PIERCING TO BE PERFORMED (Circle only one. A separate form must be completed for each piercing.)

NAVEL • TONGUE • NOSTRIL • SEPTUM • EYEBROW • LIP • EARLOBE • EAR CARTILAGE
(please specify area _____)

Printed Name of Parent/Guardian _____

Address _____

City _____ State _____ Zip Code _____

Phone (_____) _____ Email _____

ID Number _____ ID Type _____

Expires _____ Date of Birth _____

Signature _____ Date _____

Minor / Piercee Information

Address _____

City _____ State _____ Zip Code _____

Phone (_____) _____ Email _____

ID Number _____ ID Type _____

Expires _____ Date of Birth _____

Signature _____ Date _____

Notary Information

Notary Name _____

Address _____

City _____ State _____ Zip Code _____

Phone (_____) _____ Notary Stamp # _____

This form must be completed in the presence of a notary republic and notarized.

This document remains the property of True Blue Tattoo & Body Piercing.

NOTARY STAMP