

# PARENTAL CONSENT FORM

I \_\_\_\_\_ (Parents Name), do hereby give my consent and permission for \_\_\_\_\_ (Minors Name)

To obtain a Tattoo/Piercing from **Addictions In Ink**

In doing so I accept full legal and moral responsibility for said Tattoo/Piercing and assume all liability associated with the same on medical disclosure and release liability form and the completed care instructions. I agree to supervise the aftercare procedures to ensure proper healing of said tattoo/piercing.

Parents Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_

STATE OF KANSAS

COUNTY OF \_\_\_\_\_

**SWORN TO, OR AFFIRMED IN PERSON BEFORE ME**, this \_\_\_\_\_ day

of \_\_\_\_\_ 20\_\_\_\_, by

\_\_\_\_\_ who is

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

\_\_\_\_\_

\_\_\_\_\_

(Signature of Notary)

SEAL:

\_\_\_\_\_

(Print Name of Notary)