



Colorfast Studios 2, Inc.
2536 N. University Drive
Coral Springs, FL 33065
(954) 796-4848

For Office Use Only

(Signature of Tattoo Artist/Piercer)

(Printed Name of Tattoo Artist/Piercer)

Authority 381.00789, Florida Statutes

WRITTEN NOTARIZED CONSENT FOR TATTOOING or PIERCING OF A MINOR CHILD

State of Florida
Broward County

(Print Name of Parent or Legal Guardian)

Residing at: _____

HEREBY SWEARS OR AFFIRMS UNDER PENALTY OF PERJURY, that the following facts as stated in this document are true:

- 1) I am the natural parent or legal guardian of: _____
(Print Name of Minor Child)
- 2) The Minor Child's date of birth is: _____
(Month) (Day) (Year)
- 3) The child's age is: _____.
- 4) I have the legal authority to give consent for this child's Tattoo/Piercing.
- 5) I consent to the tattooing of my child as follows: (description & location of Tattoo/Piercing)

In doing so I accept full Legal and Moral responsibility for said Tattoo/Piercing and assume all liability associated with the same. By signing the consent, I confirm that I have read and understand all information on the Medical Disclosure and Release of Liability Form and the complete care instructions. I agree to supervise the aftercare procedures to insure proper healing of said Tattoo/Piercing.

(Signature of Parent/Legal Guardian)

SWORN TO, OR AFFIRMED, IN PERSON BEFORE ME, this _____ day of _____, 20____, by _____
(Print Name)

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

(Signature of Notary)

(Print Name of Notary)

Seal: