

Consent to Tattoo a Minor

DEAR YOU TATTOO

4470 Rainbow Blvd, Kansas City, Kansas 66103

(913) 831-8833

I (print name) \_\_\_\_\_

do hereby swear that I am the parent or legal guardian of the minor

(print name) \_\_\_\_\_.

I give my permission for Dear You Tattoo, and any artists within, to tattoo my minor child. I acknowledge that I must be present during the procedure, and that it is MY responsibility to make sure my child cares for their tattoo to ensure proper healing. I understand that having certain procedures done on my child is a permanent change in the appearance of my child. I am also aware of the risks that are involved.

I agree to release and forever discharge and forever hold harmless Dear You Tattoo and its associates, agents, officers, and shareholders from any and all claims, damages, or legal actions arising from or connected, in any way, to my decision to allow my minor child to have the procedures and services provided by Dear You Tattoo done.

Minor name printed: \_\_\_\_\_

Relation to Child: \_\_\_\_\_

Form of proof of guardianship: \_\_\_\_\_

Parent/guardian printed name: \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_