

## Parental Consent Form

I, \_\_\_\_\_ (Parent/Legal Guardian), do hereby give consent and permission for \_\_\_\_\_ (Minor) to obtain permanent body art in the form of a tattoo from Christina Lane with Crooked Tree Tattoo, LLC, at Walking On Sunshine Wellness Spa and Shoppe. In doing so, I accept full legal and moral responsibility for said tattoo, and assume all liability associated with the same. By signing this consent, I confirm that I have read and understand all information on the Tattoo Consent Form, as well as the Aftercare Sheet which will help to ensure proper healing. I have provided identification and the associated birth certificate.

Parent/Guardian's Full Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

State of Kentucky, County of: \_\_\_\_\_

Sworn (per affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ (month), in the year \_\_\_\_\_, by \_\_\_\_\_ (person making statement)

Signature of Notary, Public State of KY: \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

ATTN: The seal must be compression or the notary's number must be printed on the seal.

SEAL OF NOTARY: