

(Print Name of Notary)

## Athena Body Adornment 1650 N. Federal Highway, Suite 103 Pompano Beach, FL 33062 (954) 532-9548

F	or O	ffice	Use	Only

(Signature of Piercer/Tattoo Artist)

(Printed Name of Piercer/Tattoo Artist)

Authority 381.00789, Florida Statutes

## WRITTEN NOTARIZED CONSENT FOR PIERCING or TATTOOING OF A MINOR CHILD

**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: 2. The Minor Child's date of birth is \_\_\_\_\_\_(Month) (Day) (Year) 3. The Minor Child's age is . 4. I have the legal authority to give consent for this child's Piercing/Tattoo. 5.1 consent to the Piercing/Tattooing of my child as follows: In doing so I accept full Legal and Moral responsibility for said Piercing/Tattoo 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 Piercing/Tattoo. (Signature of Parent/Legal Guardian) **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 \_\_\_\_\_ **SEAL:** (Signature of Notary)

DH 4146, 7/12 64E-28.009, F. A. C.