



120 W MAIN ST, BAY SHORE, NY 11706
SHOP.HOUSEOFCOLOUR@GMAIL.COM
631.968.8287

CONSENT FORM FOR PIERCING A MINOR

PLEASE READ CAREFULLY

MUST BE SIGNED BY A PARENT OR LEGAL GUARDIAN AND NOTARIZED

I, _____ herby give House Of Colour permission to
(NAME OF PARENT / LEGAL GUARDIAN)

pierce the following parts of my son's/daughter's body.

DATE OF SERVICE: _____

BODY PARTS TO BE PIERCED: _____

As this child's parent or legal guardian I will take full responsibility, NOT holding House of Color, it's employees or the independent contractor piercer responsible in any way.

I will ensure that proper care of piercing is performed as instructed at the time of the piercing.

(PRINT NAME OF PARENT / LEGAL GUARDIAN)

(SIGNATURE OF PARENT / LEGAL GUARDIAN)

(PRINT NAME OF MINOR BEING PIERCED)

(SIGNATURE OF MINOR BEING PIERCED)

(SIGNATURE OF NOTARY / DATE)

(NOTARY SEAL)



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CONSENT FORM FOR PIERCING A MINOR

PLEASE READ CAREFULLY

MUST BE SIGNED BY A PARENT OR LEGAL GUARDIAN AND NOTARIZED

I, _____ herby give Piercings By Dean 95 Inc
(NAME OF PARENT / LEGAL GUARDIAN)

permission to pierce the following parts of my son's/daughter's body.

DATE OF SERVICE: _____

BODY PARTS TO BE PIERCED: _____

As this child's parent or legal guardian I will take full responsibility, NOT holding Piercings By Dean 95 Inc, it's employees or the independent contractor piercer responsible in any way.

I will ensure that proper care of piercing is performed as instructed at the time of the piercing.

(PRINT NAME OF PARENT / LEGAL GUARDIAN)

(SIGNATURE OF PARENT / LEGAL GUARDIAN)

(PRINT NAME OF MINOR BEING PIERCED)

(SIGNATURE OF MINOR BEING PIERCED)

(SIGNATURE OF NOTARY / DATE)

(NOTARY SEAL)