



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 )