

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, he | erby give Piercings By Dean 95 Inc |
|--|--|
| 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) |

^{**}House Of Colour & Piercing By Dean 95 Inc are seperate Corporations operating in the same building**