

Pain & Pleasure Tattoos
Lancaster Plaza
506-672-5772

PARENTAL TATTOO CONSENT FORM

I, _____ (parent's name), do hereby give my consent and permission for _____ (minor's name). To obtain a **TATTOO** from:

Pain & Pleasure Tattoos, 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 medical disclosure and release liability form and the completed care instructions. I agree to supervise the aftercare procedures to insure proper healing of said **TATTOO**.

Parents full name: _____

Signature: _____

By _____ (name of person making statement).

Type of Identification Produced

