

ROCK-A-BILLY II, Inc.

4576 N. University Drive
Lauderhill, FL 33351
(954) 746-7570

CONSENT FORM

I _____, as legal guardian of the undersigned minor child, defined in FLA. STAT. § 39.01 (47), do hereby consent to the procedure noted and described below, being performed upon said minor child. I furthermore, waive all rights of recovery and future legal recourse against Rock-A-Billy II Inc., its owner, and employees thereof, as I have assumed the risk of all reasonably foreseeable injuries, which may result from this procedure. Said risks include, but are not limited to the following: discomfort, pain, scarring, bleeding, swelling, and allergic reaction.

- [] **Tattoo of Minor:** As per Florida Law (FLA. STAT. § 877.04 (3)) requiring the consent of a legal guardian of the subject minor to have this procedure performed I hereby consent to the procedure as described herein.

Tattoo: This procedure involves multiple punctures of the skin resulting in the permanent deposit of in thereunder. While this procedure is completely safe the following may manifest themselves during and after the procedure: discomfort, pain, bleeding, swelling, minor scarring, and possible allergic reaction.

- [] **Piercing of a Minor:** As per Florida Law (FLA. STAT. § 877.04 (7)) requiring the consent of a legal guardian of the subject minor to have this procedure performed I hereby consent to the procedure as described herein.

Piercing: This procedure involved the quasi-surgical puncture of the skin, tissue and other adipose deposits normally found on the body. While this procedure is completely safe the following may manifest themselves during and after the procedure; discomfort, pain, bleeding, swelling, minor scarring, and possible allergic reaction.

I hereby swear under penalty of law that I have not falsified any information as to my date of birth, identity, or relation to the subject minor. I furthermore agree to supply a clear photocopy of my picture identification, (Driver's license or Florida Identification Card). I understand that my consent is binding and cannot be revoked in "good-faith" after the commencement of the procedure.

NOTARY STAMP HERE

Name of Legal Guardian: _____

ID # _____
(Attach photocopy to form once completed and notarized)

Minor Information

Name: _____ DOB: _____ Age: _____ Sex: _____

Address: _____ City, State & Zip: _____

Phone: _____ I.D. # (if applicable) _____