

DECLARATION OF CONSENT OF THE LEGAL GUARDIAN

DATA OF THE LEGAL GUARDIAN

NAME: _____

ADDRESS: _____

PHONE/EMAIL: _____

AS THE LEGAL GUARDIAN I GIVE THE PERMISSION FOR:

NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

TATTOO

PIERCING

ON THE BODY PART
(EXACT NAME AND QUANTITY)

TO BE PERFORMED.

WITH MY SIGNATURE I CONFIRM, THAT THERE ARE NO HEALTH CONTRAINDICATIONS.
OFFICIAL IDENTITY CARDS (COPIES) OF BOTH PERSONS ARE ENCLOSED.



DATE, SIGNATURE OF THE LEGAL GUARDIAN

Kreuz&Quer Tattoo and Piercing, Lindengasse 61-63, 1070 Wien,
+43 1 3976161, studio@kreuzquertattoo.at

We trust the given information or identification is correct and assume
no liability in case they are not.

Your details and personal data are subject to data protection and are
treated as strictly confidential.