

Minor “Can” & “Can't” Rules

PAPERWORK AND WHAT TO BRING:

Minors who want to get a piercing or tattoo **MUST** fill out and bring the following:

- *State Issue ID (passport or school transcript with photo and address)
- *Release form with the **TEXTURED** state seal (Tenn has just the stamp)
- *Birth Certificate (or a legible copy)
- *Legal guardian (addresses need to match minors ID)

If not living with parents, the person they are living with **MUST bring in court ordered guardianship papers, marriage license (if they are married and under 18) or if they are a foster child we still need court guardianship papers, notarized release form, state ID, and birth certificate.**

Minors 2yrs-13yrs

*Not required to have state issue ID, still need birth certificate and notarized release form.

Minors 14-17yrs

***MUST have state issue ID (or a school transcript will work but MUST have photo and address) along with birth certificate and notarized release form.**

WHOCANGETWHATDONE:

Minors 2yrs-14yrs: lobes only

Minors 15yrs: lobes, belly, daith, and helix

Minors 16-17yrs: lobes, belly, anything in the ear (except industrial) and nostril. We will NOT do dermal anchors, private part piercings, bridges, septums, or nipples.

BODY PIERCING RELEASE

Topper's Fine Line Tattoos inc.
1213 Broadway, Bowling Green, Ky. 42104
270-796-3600

Date ___/___/___

By signing this writing the undersigned covenants and agrees that he/she has been given the full opportunity to ask any and all questions the undersigned has or may have about obtaining a tattoo by TFLT inc.. A Kentucky corporation hereafter referred to as 'Topper's' and that all such questions have been answered to the Undersigned's full satisfaction. The Undersigned specifically acknowledges that the potential risk issues have been discussed with, and the Undersigned knowingly and voluntarily agrees as follows:

Please Initial:

- _____ I am not pregnant
- _____ I am free of Communicable Diseases.
- _____ I have truthfully represented to the associates, agents, representatives of Topper's that I am eighteen (18) years of age or older, have no guardian or committee appointed for me by any court anywhere and am competent to make this release.
- _____ I understand that it is not reasonably possible for the associates, agents, representatives of Topper's to determine whether I might have any allergic reaction to aftercare ointment or the processes used in body piercing; and I voluntarily assume and accept all risks that such reactions are possible.
- _____ I understand that infection is possible as a result of a piercing, particularly in the event that I fail to take proper care of my piercing.
- _____ I will receive written instructions advising me of the proper care of my piercing and I recognize the necessity for following these instructions.
- _____ I understand that a piercing is a permanent change to my body and appearance and no representation has been made that once made, any piercing can be altered or removed.
- _____ My piercing is by my choice alone, and I have not been influenced in anyway by Topper's to obtain a piercing. I consent to the application of my piercing, and the procedures necessary to perform the piercing.
- _____ I consent to the application of my piercing, and procedures necessary to perform the piercing.
- _____ I release, forever discharge, and hold harmless Topper's and its apprentices, associates, agents, offers and owners, from and against any and all claims, damages, and/or legal procedures actions arising from or in anyway connected to my piercing and/or by which my piercing is applied.
- _____ I understand that there are risks involved in the application of a piercing and there are NO REFUNDS once a piercing has been paid.
- _____ I covenant and declare that I am not intoxicated or under the influence of drugs or alcohol.
- _____ I do not have epilepsy.
- _____ I do not have any medical problems which in any way affect or might affect my piercing except the following _____
- _____ I covenant that Topper's may refuse to perform my piercing at Topper's sole discretion.

Signature _____
Print Name _____
Address _____

Subscribe to our mailing list
Email Address:

City _____ State _____
Phone _____
Driver Lic.# _____
Date of Birth _____

Body Piercing Artist: _____

Cost \$ _____

Piercing Location
x _____

Cash or Credit

• •

ID

Parent or Guardian's use Only

Parent or Guardian Signature

**"For
Minors"**

This Tattoo Release was signed in my presence on ___ day of ___ 20__

Notary _____

Must have
State Seal.



My Commission expires: ___/___/___