

**Doc Holliday Tattoo & Piercing  
4777 South State Street  
Murray, Utah 84107  
(801) 268-6789**

**Medically Trained, Hospital Type Sterilization  
WITH YOUR HEALTH IN MIND SINCE 1979**

This is a legal document for the release of claims of parents or legal guardians for the piercing of a minor. I, \_\_\_\_\_

Print Parent or Guardians Name

do swear that I have legal custody of \_\_\_\_\_

Print Minor Childs Name

and have proven identification beyond a reasonable doubt for myself and my child to a notary public for the purpose of allowing the piercing of said child.

I, \_\_\_\_\_

Print Parent or Guardians Name

agree to release and forever discharge and hold harmless Algin Enterprises L.L.C. Db. Doc Holliday Tattoo & Piercing, its agents and employees from any and all claims, damages, or legal actions arising from or connected in anyway with the piercing or the procedures and conduct used to create the piercing.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

**NOTICE TO PARENTS -** You will also be required to sign the standard release form and approve the piercing to be performed.

**NOTICE TO NOTARY –** Please see identification of parent or legal guardian as this will be filed as a legal document to protect Algin Enterprises L.L.C. Db. Doc Holliday Tattoo & Piercing from any and all future claims.

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Date

\_\_\_\_\_  
Rubber Stamp or Embossed Seal

**This form expires ten days after signing.**