

PARENTAL AUTHORISATION

To be completed in capital letters

I, the undersigned,

Family name: _____

First name: _____

Full address: _____

Land-line phone: _____ / _____

Mobile phone: _____ / _____

in my capacity as

- Mother
 Father
 Legal guardian

authorise my daughter, my son, my ward

Family name: _____

First name: _____

Date of birth: _____

to undergo a piercing of the _____

after which I agree to take no legal action, either penal or civil, against the piercer of:

RED LIGHT DISTRICT

Place and date: _____

Signature: _____

This authorisation is valid for one piercing only

Please annex the following documents:

- Copy of the guarantor's identity paper (signed by him/herself),
- Copy of the child's identity paper,
- Copy of the guardianship certificate (in the case of a guardian).