



**TATTOO VANISH™**  
**Parent or Guardian Release Form**

I (print) \_\_\_\_\_ parent or  
guardian of the minor

\_\_\_\_\_ give full permission  
to Tattoo Vanish™ to perform \_\_\_\_\_  
procedure on my minor child.

\_\_\_\_\_ Date:

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_ Date:

\_\_\_\_\_  
Witness