YOUTH TATTOO REMOVAL PROGRAM APPLICATION
Parental Consent Form

I hereby certify that the information I have supplied is true and correct.
Dated this ______ day of ____________________, 2010
________________________________________
Print Name: ________________________________

Consent to Participate

I hereby give ______________________________ (“Applicant”) permission to participate in the Salt Lake Area Gang Project’s Tattoo Removal Program. I hereby certify all the information provided above is true and correct. I further certify that I understand and agree:

- Acceptance into the Tattoo Removal Program is voluntary and participation is based on compliance with all the terms and conditions of the Program.
- The Salt Lake Area Gang Project may verify by any means necessary the information provided on this application.
- Acceptance into the Tattoo Removal Program in no way establishes a physician-patient relationship between the Salt Lake Area Gang Project and the Applicant.
- The Salt Lake Area Gang Project in no way guarantees the effectiveness of any treatments provided by Ink Doubt, LLC. The Salt Lake Area Gang Project is merely acting as a referrer. The applicant is free to accept or reject any services proposed by Ink Doubt, LLC.
- Actual tattoo removal will be performed by Ink Doubt, LLC according to their policies and procedures. Applicant and Ink Doubt, LLC will enter into a Laser Tattoo Removal Agreement and an Informed Consent Agreement prior to Ink Doubt, LLC providing any tattoo removal services.
- I will hold the Salt Lake Area Gang Project, its employees and member agencies harmless from any and all claims arising from the Salt Lake Area Gang Project’s referral of the Applicant to Ink Doubt, LLC.

Dated this __________ day of ____________________, 2010.
____________________________________
Parent/Guardian Signature