

RELEASE FORM

Client Name: _____ Date: _____

Address: _____

Phone Number: _____ Email: _____

Allergies: Latex Allergy Yes No If yes, _____

Technician(s): _____

Service(s): _____ Price: _____

Please read and initial next to each statement below:

_____ I am over the age of 18 years old.

_____ I understand that chemical services can have varying results based on each individual's physical characteristics. I am electing to receive the above service(s) and that an allergic or adverse reaction is possible.

_____ I have disclosed any and all procedures or treatments I've had in the past six months. Any prior procedures or treatments may have a significant impact on the above requested service(s), including an increase the chance of damage, unpredictability, injury, or chemical reaction.

_____ I acknowledge that I have been fully informed by my technician and understand and assume all risks associated with the above-listed service(s). I also agree to follow any and all instructions given to me.

_____ I understand the price for the foregoing service(s) and agree that there are no refunds.

_____ I understand that the following may occur: redness, scabbing, bruising, scarring, swelling, tenderness, injury, allergic reaction, skin irritation, adverse chemical reactions, inhalation issues, or other risks or symptoms common to the service(s) above, including the following: _____

_____ I understand that multiple appointments may be necessary to complete the idealistic finished quality of the above service(s).

_____ I understand that the technician has the right to refuse service to any person for any reason.

_____ I understand that there are no guarantees of any services, whatsoever, due to a multitude of factors and specific history that vary from person to person.

_____ I give permission for the technician, their employer and/or salon/facility, to take photographic or video recordings that may be used for social media/websites, promotional, or educational use. I understand that my image may be edited, copied, published, or distributed and waive any right to inspect or approve the finished product(s) wherein my likeness appears. Additionally, I grant an unconditional license to the salon for the foregoing and my likeness and waive any right to royalties or compensation related to the use of such images or recordings.

By signing below, I have read the foregoing and fully understand the benefits, risks, and alternatives involved in the requested service(s) and have had the opportunity to ask questions, in which all have been answered to my satisfaction. I accept full responsibility for the decision to have the above service(s) performed and there is a no refund policy. I further certify that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims, now existing or future arising, against any person or organization related to this agreement and/or the service(s) and will hold them harmless from any liability that may result from therefrom.

Client's Signature*

Printed Name: _____

Date: _____

Client Parent Guardian

**If Client is under 18 years old, Parent or Guardian must sign*