

H.I.T. BEAUTY COLLECTIVE INC.

PROGRAM APPLICATION



Parent/ Guardians must complete the application for children ages 5-12. Youth ages 13-17 may complete their own application with parent/guardian approval. Please print clearly and provide accurate information.

APPLICANT INFORMATION

Full Name _____
Address _____
Email Address _____
School Name _____

Date _____
Contact Phone _____
Date of Birth ____/____/____ Age ____
T-Shirt Size _____

PARENT GUARDIAN INFORMATION

Parent/ Guardian Name _____ Relationship to Applicant _____
Address _____ Contact Phone _____
Email Address _____

PROGRAM INTEREST

Why are you interested in joining H.I.T. Beauty Collective?

- ☐ I love hairstyling and want to learn more
- ☐ I want to build my confidence and creativity
- ☐ I am interested in a future career in beauty
- ☐ I want mentorship and guidance in the industry
- ☐ Other: _____

What hairstyling or beauty-related experience do you have?

- ☐ Playing with hair at home (braiding, styling, etc.)
- ☐ Watching beauty tutorials/videos
- ☐ Practicing on family/friends
- ☐ Participating in a beauty-related class or program
- ☐ No experience, but I am eager to learn!
- ☐ Other: _____

GOALS & ASPIRATIONS

(Age 10-17; 10 & younger is optional)

- What do you hope to learn from this program? _____

- Do you have a dream job in the beauty industry? **Yes** **No**
if yes, please specify _____
- Do you have a beauty professional that inspires you? **Yes** **No**
if yes, please specify _____

SPECIAL CONSIDERATIONS

- Does the applicant have any allergies, medical conditions, or special needs? **Yes** **No**
if yes, please specify _____
- Do you require any accommodations to fully participate? **Yes** **No**
if yes, please specify _____

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LIMITATION OF LIABILITY

To the fullest extent permitted by applicable law, **H.I.T. Beauty Collective** shall not be liable for any direct, indirect, incidental, special, consequential, or punitive damages, or any injury, bodily harm, or medical conditions arising from the use of our services, including but not limited to the following:

Injury or Bodily Harm – Any physical injury or bodily harm that may occur during or as a result of services provided at our salon, including but not limited to cuts, burns, allergic reactions, or other accidents that may happen while undergoing beauty treatments, hair services, or other related procedures. This includes injuries that may happen while under the supervision of our staff.

Chemical Exposure and Reactions – Potential risks associated with the use of hair, skin, and beauty products containing chemicals, dyes, or other ingredients that could cause irritation, allergic reactions, burns, or other adverse health effects. While we take reasonable precautions, some reactions to products may be unpredictable, especially in children or individuals with sensitive skin.

Use of Equipment – Any injury or harm that may occur from the use of salon equipment, such as hairdryers, straighteners, scissors, or other tools used during services.

Supervision of Children (17 and Under) – As a non-profit organization providing services to children and young adults under the age of 18, we take all reasonable steps to ensure the safety of minors. However, by bringing children or minors to our salon, you acknowledge that **H.I.T. Beauty Collective** is not liable for any injury or harm that may occur during services provided, either directly or indirectly, including injuries or accidents that may happen in the course of beauty treatments or from the use of salon equipment.

Parental or Guardian Responsibility – It is the responsibility of the parent or legal guardian to remain present or provide contact information during any service involving minors. By agreeing to our services, you confirm that you have disclosed any relevant medical conditions, allergies, or sensitivities related to the child or minor receiving the service. We are not liable for any adverse effects resulting from undisclosed medical conditions or sensitivities.

Third-Party Products – Any injury, allergic reaction, or harm resulting from the use of third-party products or treatments applied in conjunction with services provided at the salon.

Pregnancy and Medical Conditions – It is your responsibility to inform us of any pregnancy, medical conditions, allergies, or sensitivities of both children and adults before receiving treatments that may involve chemicals, heat, or other potential risks. We are not liable for any adverse effects resulting from undisclosed medical conditions or sensitivities.

Security and Safety Measures – While we take all reasonable precautions to ensure a safe environment, **H.I.T. Beauty Collective** cannot guarantee the absence of risks related to cleanliness, equipment, or accidental injuries that may occur within the salon.

By using our services, you acknowledge and accept the risks inherent in beauty and personal care treatments, and you agree to release **H.I.T. Beauty Collective** from any claims, demands, or damages arising from injury, bodily harm, or other adverse reactions. In jurisdictions where the exclusion or limitation of liability for personal injury is not permitted, our liability will be limited to the maximum extent allowed by law.

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AGREEMENT & SIGNATURE

*****I declare that I have completed this form accurately and thoroughly and I understand every question asked. All of the given answer is correct and true to the best of my knowledge.***

Parent Guardian Name
(please print)

Participant's Name
(please print)

X

Parent Guardian Signature
(For applicants 18 & under)

X

Participant's Signature
(For applicants 18 & up)

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MEDIA RELEASE & CONSENT

I understand that **H.I.T. Beauty Collective** may take photographs, videos, or other forms of media (hereinafter referred to as "Media") during the provision of services or events involving my child. These images or videos may be used in connection with promotional materials, publications, social media posts, and other media outlets related to the Salon's non-profit activities.

I grant permission for **H.I.T. Beauty Collective** to use, publish, and distribute these Media, in whole or in part, without compensation to me or my child, and without further approval from me. I acknowledge and agree that these Media may be used in any format, whether electronic, print, or digital, and for purposes including but not limited to:

- Advertising and marketing materials
- Social media platforms (e.g., Instagram, Facebook, etc.)
- Newsletters, brochures, or websites
- Public relations campaigns

I understand that these Media may appear in public forums or publications, and I consent to my child's image being used in this manner. I understand that I have no right to inspect or approve the final use of the Media before it is published.

Parent Guardian Name
(please print)

Participant's Name
(please print)

X

Parent Guardian Signature
(For applicants 18 & under)

X

Participant's Signature
(For applicants 18 & up)

Date

Date