

HAIR EXTENSIONS

Service Agreement

Timing:

The hair extension service will be performed on _____ (Date and Time)

Client agrees to arrive on time for their appointment. If Client is late, Stylist reserves the right to reschedule the appointment for another time that is convenient for both parties. Stylist shall use commercially reasonable efforts to complete the hair extension service within a reasonable time frame, but makes no guarantee as to the specific completion time.

Compensation:

The client agrees to pay _____ for the hair extension service. Payment is due in full at the time of the appointment. Client shall be responsible for any and all applicable taxes associated with the hair extension service.

Termination:

Either party may terminate this Agreement at any time, with or without cause, by giving written notice to the other party. Upon termination, Client agrees to pay for all services rendered up to the date of termination.

Confidentiality:

Both parties agree to maintain the confidentiality of the terms and conditions of this Agreement, and to use best efforts to prevent the unauthorized use or disclosure of such information.

Governing Law:

This Agreement shall be governed by and construed in accordance with the laws of the YOUR STATE/PROVINCE.

Entire Agreement:

This Agreement constitutes the entire agreement between the parties and supersedes all prior and contemporaneous agreements, understandings, negotiations, and discussions,

_____ Client's Signature	_____ Client Printed Name	_____ Date
_____ Technician Name	_____ Technician Signature	_____ Date

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This HAIR EXTENSION SERVICE AGREEMENT (hereinafter referred to as the "AGREEMENT" is effective as of the date signed below between the parties "You" and "Stylist" (collectively referred to as the "Parties" and each a "Party")

The purpose of this Agreement is to set forth the terms and conditions for the provision of hair extension services by a Stylist to a Client.

Stylist agrees to provide hair extension services to Client, and Client agrees to pay for such services in accordance with the terms and conditions set forth in this Agreement. The stylist shall use commercially reasonable efforts to perform the hair extension services in a timely and professional manner.

CLIENT ACKNOWLEDGES AND AGREES TO THE FOLLOWING:

Risks:

Client understands that there are potential risks associated with hair extension services, including but not limited to scalp irritation, hair breakage, and damage to natural hair. The client acknowledges that they have discussed the process and possible outcomes with the Stylist and have had any questions or concerns addressed to their satisfaction.

Maintenance and Care:

Client understands that proper maintenance and care of the hair extensions is necessary for their longevity and overall appearance, and agrees to follow the care instructions provided by the Stylist. Client acknowledges that failure to properly maintain and care for the hair extensions may result in damage or loss of the extensions.

Natural Hair Damage:

Client acknowledges that their natural hair may be damaged as a result of the hair extension service, and understands that this damage may not be immediately noticeable. Client agrees to release Stylist from any liability for such damage.

Choice of Products:

Client acknowledges that the Stylist has recommended the use of certain hair extension products as part of the hair extension service. Client understands that the use of such products is optional and that they may choose to use alternative products at their own risk.

Refund Policy:

Stylist does not offer refunds for hair extension services. In the event of a dispute, Client agrees to first attempt to resolve the issue directly with the Stylist.

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I, _____ the Client, hereby agree to receive hair extension services from the Stylist. The specific details of the services, including the type of hair extensions, method of attachment, length, and color, shall be discussed and agreed upon prior to the service. The Stylist will exercise reasonable skill, care, and expertise in performing the hair extension services.

Client Responsibilities: I, the Client, agree to provide accurate and complete information regarding my hair, medical history, and any other relevant details necessary for the successful completion of the hair extension service. I understand that the success and longevity of the hair extensions depend on proper maintenance and care, and I agree to follow the aftercare instructions provided by the Stylist.

Consent and Release: I, the Client, understand that the hair extension service involves the use of various products, tools, and techniques that may have inherent risks. I release and hold the Stylist and its employees harmless from any liability for any damages, injuries, or adverse reactions that may arise from the hair extension service unless caused by the Stylist's negligence.

Payment and Cancellation: I, the Client, agree to pay the agreed-upon fee for the hair extension service as discussed and confirmed prior to the service. A non-refundable deposit may be required to secure the appointment, with the remaining balance due at the time of service. In the event of cancellation or rescheduling, I agree to provide at least [number of days] notice. Failure to provide timely notice may result in the forfeiture of the deposit or additional cancellation fees as determined by the Stylist.

Confidentiality: The Stylist agrees to keep all client information confidential and not disclose any personal or sensitive information to third parties, except as required by law or with the explicit consent of the Client.

Governing Law and Jurisdiction: This Agreement shall be governed by and construed in accordance with the laws of [State/Country]. Any disputes arising out of or relating to this Agreement shall be resolved in the appropriate courts of [State/Country].

Entire Agreement: This Agreement constitutes the entire understanding between the Client and the Stylist regarding the hair extension services and supersedes any prior agreements or understandings, whether written or oral.

BY SIGNING BELOW, THE CLIENT ACKNOWLEDGES THAT THEY HAVE READ, UNDERSTOOD, AND AGREED TO THE TERMS AND CONDITIONS OF THIS HAIR EXTENSION SERVICE AGREEMENT.

Client's Signature

Client Printed Name

Date

Technician Name

Technician Signature

Date

HAIR EXTENSIONS

Client Intake form

GENERAL INFORMATION

Name: _____ Date: _____

Date of birth: _____ Age: _____ ☐ Female ☐ Male ☐ NB

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

MEDICAL HISTORY

Please check any of the following medical conditions that apply to you:

- ☐ Allergies (e.g. to hair products, glue, etc.)
- ☐ Autoimmune disorders (e.g. lupus, rheumatoid arthritis, etc.)
- ☐ Scalp conditions (e.g. eczema, psoriasis, etc.)
- ☐ Thin/fragile hair
- ☐ Previous hair loss or hair damage
- ☐ Recent hair treatments (e.g. chemical, thermal, etc.)
- ☐ Current medications (e.g. blood thinners, chemotherapy ...)
- ☐ Scalp sensitivity or irritations
- ☐ Scalp infections (e.g. fungal, bacterial, etc.)
- ☐ Thyroid disorders
- ☐ Hormonal imbalances (e.g. PCOS, menopause, etc.)
- ☐ Scalp scarring or injury
- ☐ Hair pulling or trichotillomania
- ☐ Blood-related disorders (e.g. anemia, bleeding disorders...)
- ☐ Pregnancy/breastfeeding

If you checked any of the conditions, please explain: _____

Studio
608
Janesville

HAIR EXTENSIONS

Photo & Video Release Form

I, _____, hereby grant permission and consent to Studio 608 Janesville to capture and use photographs or videos of me for documentation and marketing purposes related to the eyelash extension services provided.

By signing this form, I release Studio 608 Janesville, its technicians, employees, and affiliates from any liabilities or claims associated with the use of these photographs or videos.

Purpose of Photography/Videography: I understand that photographs or videos may be taken before, during, and after the eyelash extension procedure. These images/videos may be used for documentation, promotional materials, social media posts, websites, or other marketing purposes related to Studio 608 Janesville.

Confidentiality and Privacy: I acknowledge that my personal information will be kept confidential, and any images or videos used will be done so in a manner that protects my identity and privacy. Studio 608 Janesville will make reasonable efforts to ensure that my images/videos are used responsibly and in accordance with applicable privacy laws.

Usage and Ownership: I understand that Studio 608 Janesville retains full ownership and copyright of the photographs/videos taken. Studio 608 Janesville has the right to edit, reproduce, distribute, and display these images/videos at their discretion, without any further approval from me, and without any compensation to me.

Revocation of Consent: I understand that I have the right to revoke this consent at any time by providing written notice to Studio 608 Janesville. However, revocation of consent will not affect any lawful use of the photographs/videos that occurred before the revocation.

Release of Liability: I release Studio 608 Janesville, its technicians, employees, and affiliates from any liabilities or claims, including but not limited to claims for defamation, invasion of privacy, or infringement of any rights arising out of or in connection with the use of the photographs/videos taken.

Agreement: I have read and understood the terms of this photo and video release form. I have had the opportunity to ask questions and clarify any concerns regarding the use of my images/videos. By signing below, I consent to the use of my photographs/videos as outlined in this form.

Client's Signature

Client Printed Name

Date

Technician Name

Technician Signature

Date