

LACEY ALAGIA ARTISTRY

HAIR EXTENSION RELEASE FORM

I acknowledge the service is final after the installation appointment. Any changes to the style that I want to achieve after application will be charged accordingly and additionally.

I acknowledge that the hair extensions are different from intact human hair. I have been informed of the daily maintenance procedure and I will follow the daily maintenance procedure to keep my extensions in the best condition possible. I understand the explanation of the entire procedure and that with proper care on my part, the extensions should remain in my hair for at least 30 days.

I understand that in ___ weeks or ___ months it is recommended that I have my extensions maintained by my stylist or removed depending on the method of extension that I choose.

In the event that I decide to not keep the hair extensions, I am fully responsible for the total payment of services rendered. I understand that the fee of _____ is non-refundable and is required at the time of booking my installation appointment and that the remaining balance of _____ is due upon completion of my installation appointment.

I give consent for photographs/video to be taken of my service to be used for marketing purposes.

I have read this release form in its entirety and I voluntarily accept the terms outlined on this release form by signing below.

Client Signature _____ Date _____

Stylist Signature _____ Date _____

