

# CLIENT CARD

NAME:

PHONE:

EMAIL ADDRESS:

HOME ADDRESS:

CITY/STATE/ZIPCODE:

ALLERGIES/MEDICATION:

ANY REACTION TO:    CHEMICALS    COSMETICS

REFERRED BY:

PLEASE LIST ANY PREVIOUS COLORS, PERSONAL HAIR TREATMENTS & PRODUCTS USED:

HAIR CONDITION:    NORMAL    DRY    OILY

SCALP CONDITION:    NORMAL    DRY    OILY

TEXTURE:    FINE    MEDIUM    COARSE

POROSITY:    NORMAL    POROUS    EXTREMELY POROUS

NATURAL BASE LEVEL:

DESIRED LEVEL:

LAST CHEMICAL TREATMENT:    BLEACH STRAIGHTENING    PERMANENT    DEMI-PERMANENT

PERM    RELAXERS

STYLIST REMARKS:

# ACKNOWLEDGE & RELEASE

I, \_\_\_\_\_ acknowledge that the color correction services I have requested could have unintended results, including among possible side effects: greater risk of damage to my hair, an allergic reaction to hair products, irritation, burning, redness or soreness of the scalp and any other exposed skin. We are not liable for wrecked clothing during color services.

I further acknowledge that I am aware that certain medications, over the counter hair dye and various medical conditions can significantly increase the possibility of unfavorable results. I acknowledge that I now understand the risks that may occur from the color correction services I have requested and that I have been provided with an opportunity to ask my stylist questions about the possible adverse results and risks and conduct further research, and that I have decided to proceed with the requested color correction services.

I understand the risk. I agree that I will NOT hold my stylist, the salon or any other person responsible if the results are not intended or if I suffer from an allergic reaction, skin irritation or any other condition.

I hereby release and forever discharge the Salon, its owners, employees and contractors, including my stylist (hereinafter the Releases) of and from all manner of actions, suits, claims, demands or damages of any nature or kind, which I may otherwise have because of unintended or unfavorable results or skin irritation or other medical conditions that may occur from provision of the color correction services by any of the Releases.

I confirm that I had an opportunity to consider this document and to obtain independent legal advice if I so desire with respect to the details of this Acknowledgment and release and I confirm that I am accepting this Acknowledgment and Release freely, voluntary and without duress and that I understand that it limits legal actions I could otherwise take against the releases.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_ in \_\_\_\_\_.

CLIENT SIGNATURE

WITNESS SIGNATURE

STYLIST SIGNATURE

\_\_\_\_\_

\_\_\_\_\_

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# CONSENT RELEASE FORM

\*Following a consultation and signing of the consent form, there will be absolutely no refunds for services performed.