

## Waiver and Release of Liability Form - Brazilian Blowout

I, \_\_\_\_\_ have received a hair analysis and consultation with a Brazilian Blowout Treatment specialist. I have provided all information regarding previous treatments to my hair that may or may not affect the outcome of my service. My stylist has explained to me the process s/he recommends for my hair type, texture, condition and desired results. I have been given aftercare instructions and product recommendations to best care for, preserve and prolong my treatment results.

I understand the service is not guaranteed without the required products purchased directly from Artistik Image and used as instructed. Products purchased from unauthorized sources (i.e., Amazon, internet merchants, etc.) cannot be confirmed as genuine and therefore do NOT guarantee your service.

I am not pregnant, or nursing and I have advised my stylist of any potentially relevant medical conditions that I have.

**Allergies/Medical Conditions:**

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I understand that treatments such as Brazilian Blowout are *smoothing* treatments which greatly reduce frizz, bulk and curl, but are not to be supplemented as a permanent straightening system. Results vary and I have been advised as to the results I personally can expect from this treatment and how to maintain these results.

Brazilian Blowout Smoothing Treatments can produce fumes which may cause irritations in some sensitive individuals. However, the service will be performed in a ventilated area and I have been offered the option of a towel or shield for my eyes and face should they become sensitive.

I have read, understand, and fully agree to the terms of this Waiver and Release Form. I understand and confirm that by signing this form, I hereby waive and release Artistik Image and its employees, stylists and contractors of and from any and all claims, damages and liabilities, of every kind and nature, arising from or in any way related to the services being provided to me by Artistik Image.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Stylist Signature: \_\_\_\_\_

Date: \_\_\_\_\_