



The Whole9 Salon Waiver Form

Must be signed before your appointment or your appointment will be cancelled.

By signing this waiver form, I acknowledge and confirm the following:

I agree and confirm there is no refunds for services no matter if the results are unsatisfactory, The Whole9 Salon Stylist(s) performed a service the manual labor, time, and product use must be documented with accounting and payroll.

I confirm that The Whole9 Salon will not be responsible or liable if the result of the service is not as expected as it should be.

I confirm that I will follow the regimen and the suggested follow-ups of The Whole9 Salon professional stylist(s) in maintaining and treating my hair.

I am allowing The Whole9 Salon stylist(s) to apply necessary chemicals as part of the service in my hair, skin, and nail treatments.

I understand that the result of this chemical product services may vary from one person to another, the service may take a few sessions to complete desired overall look .

I agree that the hairstyle is final after the service. If there are any changes after 30 minutes when the service ends, the client will need to reschedule on the website paying another non refundable deposit for services.

I consent The Whole9 Salon Stylist(s) to take photographs of all providing service(s).

I consent The Whole9 Salon Stylist(s) in terms of sharing the photograph to social media for marketing campaigns or testimonials.

I confirm that children are not allowed in the work service area for safety reasons.

I acknowledge that The Whole9 Salon employees are licensed professionals and should be treated with respect at all the times.

I agree all products final, there are no refunds on any Services and Products. An exchanged for products are only allowed in a 7 day frame including business days and weekends, excluding National Holidays.

I agree that the services prices may vary (will be added upon checkout) according to length and density and for extra chemical use to create your desired look.

I agree and confirm that BABE Hair Extensions deposits are nonrefundable and is not credited to your future services.

I agree and confirm failing to comply with common Law terms, such as, acts of disrespectful words, causing physical harm, conducting any property damage in and outside The Whole9 Salon, and personal property, belonging to any staff member(s) at The Whole9 Salon. The Police will be contacted and charges will be filed against you and will be sued. For example, theft by services, disorderly conduct to personal and business property, and any assault made toward The Whole9 Salon staff member(s) and civilians.

I have read and will sign this whole document and I accept the terms indicated above.

Client's Name

First Name Last Name

Email Address

example@example.com

Phone Number

Area Code Phone Number

Type of Service *

Date Signed



Month Day Year

Hair Stylist Name

First Name Last Name

Date Signed



Month Day Year