

**\*\*WAIVER AND RELEASE OF LIABILITY FOR ANGEL NAILS & HEAD SPA\*\***

This document acknowledges that I, the undersigned, voluntarily seek to receive the Head Spa treatment at Angel Nails & Head Spa, a specialized scalp and hair care service designed to promote scalp and hair health, relaxation, and aesthetic benefits through techniques such as massage, cleansing, and the use of various products.

By signing this waiver, I affirm that I fully understand the nature of the services or treatments provided, as well as my own physical limitations. I agree to assume all risks associated with receiving these services and treatments, understanding the following:

\_\_\_\_\_ 1. Risks and Considerations: I recognize that the Head Spa treatment at Angel Nails & Head Spa includes a variety of techniques and products, such as scalp massage, hair steaming, essential oils, and other salon-grade products. I understand that, while generally safe, these treatments may involve inherent risks.

\_\_\_\_\_ 2. Sensitivities and Allergies: I have disclosed to the salon staff any known allergies, sensitivities, or pre-existing conditions affecting my scalp or skin that may influence the safety or appropriateness of the treatment for me.

\_\_\_\_\_ 3. Results May Vary: I acknowledge that individual results from the Head Spa treatment may vary and that the effectiveness and benefits of the treatment are not guaranteed.

\_\_\_\_\_ 4. Discomfort: I understand that some discomfort may occur during certain phases of the treatment, such as during scalp massage or the application of products. In the event of any pain, injury, or discomfort, I agree to promptly notify the provider and discontinue the service if necessary.

\_\_\_\_\_ 5. Informed Consent: By signing this waiver, I confirm that I have been fully informed of the potential risks and benefits of the Head Spa treatment. I acknowledge that I have had the opportunity to ask questions and seek clarification on any concerns, and I understand the information provided.

\_\_\_\_\_ 6. Release of Liability: I hereby release and hold harmless ANGEL NAILS & HEAD SPA, its employees, agents, and representatives from any and all liability, claims, demands, actions, or causes of action arising from my participation in the Head Spa treatment. I understand that reasonable precautions will be taken by the salon staff to ensure my safety.

\_\_\_\_\_ 7. Photographs: I consent to the taking of photographs during or after the treatment for purposes of record-keeping, marketing, or promotional use. I understand that my identity will not be disclosed in such photographs without my explicit written consent.

I acknowledge that I have read, understood, and voluntarily agreed to the terms set forth in this Waiver and Release of Liability for the Head Spa treatment at Angel Nails & Head Spa.

Printed Name: \_\_\_\_\_

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

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