

Informed Consent for Services at Xchange Beauty & Wellness Client

Name: _____

Date: _____

Introduction: At Xchange Beauty & Wellness, we are committed to providing high-quality services tailored to your individual needs. This informed consent form is designed to ensure that you understand the nature of the services provided and acknowledge that results may vary. Nature of

Services: Our salon offers a variety of beauty and wellness services, including but not limited to haircuts, coloring, styling, skincare treatments, and hair extensions. While we strive for excellence, we cannot guarantee specific results.

Acknowledgment of Risks: I acknowledge that all beauty and wellness services carry inherent risks, including but not limited to allergic reactions, skin irritation, or dissatisfaction with the results. It is important to communicate any allergies, sensitivities, or previous experiences with products or services to our staff prior to your appointment.

Understanding of No Guarantees: I understand that while our professionals are trained and experienced, individual results may vary based on hair type, skin type, and personal preferences. Therefore, I acknowledge that Xchange Beauty & Wellness does not promise or guarantee specific outcomes from the services rendered.

Consent to Proceed: By signing below, I confirm that I have read and understood the information provided above. I consent to receive services at Xchange Beauty & Wellness with the understanding that results may vary and that no guarantees are made.

Client Signature: _____ Date: _____

Salon Representative Signature: _____ Date: _____

Thank you for choosing Xchange Beauty & Wellness. We look forward to serving you!