Salon Name  
Address  
City, State, Zip  
Phone

Color Service Informed Consent & Waiver

I understand and agree to the following terms and conditions for receiving chemical services at ENTER SALON NAME.

I understand that chemical treatments have different effects on different hair types and colors. I agree to hold the salon and the stylists harmless in the event of unexpected or undesired results. I understand that any further alterations or corrections will be provided at my own expense.

I have had the process and possible risks and results adequately explained to me. I have been given the opportunity to make requests and ask questions.

I have fully disclosed my previous treatments and medications to my stylist prior to any color treatments.

I understand that current and previous chemical services can continue to influence my hair and that damage may include but is not limited to: hair breakage, undesired color, loss of elasticity and dry hair.

The stylist has shared specific risks based on the current condition of my hair and the information I disclosed. Based on this information, my stylist has informed me of specific and/or increased risk of damage to my hair that include:

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Estimated Cost for Services: $\_\_\_\_\_\_\_\_\_

I understand that my stylist will try their best to create my desired results. I understand that with any color service the desired results may not be obtained. The stylist has informed me of the general and specific risks, recommended specific products for best results as well as the estimated cost for the services.

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Client's Signature Client’s Printed Name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_  
Stylist’s Signature Stylist’s Printed Name Date

IF A MINOR

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Parent/Guardian Signature Relationship to Client

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Parent/Guardian Printed Name Date