



CLIENT CHEMICAL

RELEASE FORM

DATE: _____

I, _____, release **Vintage Beauty Salon**, and
(client)

Stylist/Colorist _____, from any responsibility and/or
(stylist)

liability concerning the application, processing and/or consequences of the permanent chemical procedure of my hair. I consent to have _____, a permanent chemical process, applied to my hair. (service)

I release **Vintage Beauty Salon**, its employees and its agents harmless against any and all liability, damage, and/or expenses arising out of or in connection with actions, claims, and/or damages resulting in personal injuries and disabilities (physical and/or psychological) that I might incur as a result of the chemical alteration through permanent chemical processing of my hair. I understand that additional conditioning treatments may be recommended and/or necessary for my hair maintenance and that permanent damage to my hair is possible due to the chemical application.

_____ (client initials) I have not had any chemical process performed on my hair within the last six weeks.

_____ (client initials) I have had _____ chemical process performed on my hair within the last six weeks.

Explain: _____

The approximate costs of the permanent chemical services that will be used on my hair are as follows:

PERMANENT WAVE	\$ _____
RELAXER/STRAIGHTENING	_____
COLOR/HIGHLIGHTING	_____
HAIRCUT	_____
CONDITIONING TREATMENTS	_____
POSSIBILITY OF EXTRA SERVICES	_____
TOTAL OF SERVICES	\$ _____

Due to the past history and condition of your hair, we cannot honor our two-week guarantee. However we will perform any adjustments for a charge. Client Initials: _____

Client Signature Print name

Stylist Signature Print name