


Salon Waiver

1. Date of Service



2. Client Information

Full Name

Birthday:

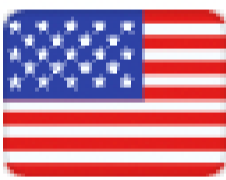
Month▼

Day▼

Year▼

3. Service Provider

Full Name

▼

Address Line 1

Address Line 2 (optional)

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

- ☐ I confirm that the 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 salon in maintaining and treating my hair
- ☐ I am allowing the Salon to apply necessary chemicals as part of the service in my hair treatment and understand that the result of this chemical may vary from one person to another.
- ☐ I consent the Salon to take photographs & videos of the provided service and agree to the stylist and/or salon sharing the photos & videos to social media.

5. Type of service requested

I have fully read and understand the Salon Waiver. *

☐ I agree to use [electronic records and signatures](#).

Clear

✕ Customer Signature