


# Consent Form

Today's Date



Contact Information

First Name

Last Name

Email

Phone

Description of Service

- ☐

Hot oil manicure
- ☐

Spa manicure
- ☐

Soak-off gel manicure
- ☐

Paraffin wax manicure
- ☐

Brazillian manicure
- ☐

Shellac manicure
- ☐

Acrylic manicure
- ☐

Basic manicure
- ☐

Hot stone manicure
- ☐

Mirror manicure

I agree

- ☐

I am over the age of 18 & I choose to receive services & voluntarily filled out this consent form.

I agree

- ☐

I acknowledge that I am receiving services from a licensed professional who should be treated with respect at all times and will conduct myself properly while at my appointment.

I agree

- ☐

To the best of my knowledge, I have no medical condition or allergies that would prevent me from receiving services.

I agree

☐ I grant permission for the business to use and/or apply any necessary products as part of the service I am receiving. I understand that products contain reactive chemicals which may result in allergic reactions in some Individuals and hereby assume all risk of personal injury which I may sustain as a result of the application of any of the products used or the manner of service rendered, including the application of chemicals and use of appliances including clippers, nippers, e-files, or other tools and materials.

I agree

☐ I acknowledge that no guarantee has been made about the results of my services and/or treatments. I agree that the service I receive is final after its completion. If I decide to make any changes after the service is finished, I will be charged accordingly.

I agree

☐ I agree that the business reserves the right to cancel or reschedule my appointment if I present with any health conditions that may be contraindicated for receiving nail services or any health conditions that may need oversight by a medical professional. I understand that it is out of the scope of the nail technician to diagnose health conditions or to give any medical advice.

I agree

☐ I authorize the business to take photos before, during, & after my service and authorize the use of these photos solely for the purpose of portfolio publication, social media, or promotions & advertising.

I agree

☐ By signing below, I agree the services I have received are acceptable & satisfactory once payment is complete. I agree to & accept all responsibility for any unexpected results or issues that may arise with the services I have received once I leave my appointment. I am fully aware of any risks involved in the services I receive, including any adverse reactions or allergies. I agree to voluntarily release, forever discharge, & agree to indemnify & hold harmless from any & all losses, claims, injuries, or damages, sustained or incurred by me arising out of or related to the services and/or treatments.

Signature

I agree to all of the above. \*

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

Clear

✕ Employee Signature