

Client Consent

HAIR EXTENSION WAIVER FORM

CLIENT'S INFORMATION

Full Name: _____

Date: _____

E-mail: _____ Phone: _____

Do you have any known allergies to nylon, cotton, silicone, or any metals? **Yes** **No**

If yes, which one?

Do you or have you experienced hair loss? **Yes** **No**

If yes, have you been diagnosed with alopecia, any autoimmune disorder or psoriasis of the scalp? **Yes** **No**

DEPOSIT

I understand that my deposit of \$_____ is to cover the cost of the hair extensions. I understand that this deposit is non-refundable even if I decide that I no longer wish to proceed with the service.

ACKNOWLEDGMENT

I understand that the nature and use of human hair extensions can, at times, be unpredictable. I understand that proper at home care is crucial for healthy and lasting extensions. I agree that my stylist has informed me of how to properly care for my extensions. I understand that by not following my stylists recommendations for at home care, I am jeopardizing both the health of my natural hair and possibly shortening the life span of my extensions. In the unlikely event that I decide not to keep the extensions, I understand that I am still responsible for full payment. I understand that the purchase of hair extensions is non-refundable. I acknowledge and agree that this service is final after application. Any changes that I may request after the initial appointment will be charged accordingly and in addition to initial payment. I agree to hold my stylist and the salon establishment free of any liability in conjunction with my hair extensions and application of said hair extensions.

Client's Signature:

Hairstylist's Signature:

Date:

Date:
