

# HAIR SALON CONSENT FORM

Salon: AP Marie Styles Stylist: Amanda Marie Penrod

## **CLIENT INFORMATION**

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Previous Adverse Reactions to Hair Treatments:

\_\_\_\_\_

Do you take any medications or suffer from allergies that may affect your tolerance for chemical treatments?  Yes  No

If yes, list relevant medications and allergies: \_\_\_\_\_

Do you allow the salon to take photos of your hair for promotional use?  Yes  No

Your stylist can administer a "patch test" to determine if you will experience a reaction to hair coloring. This test must be administered 48 hours prior to your appointment for coloring services. Would you like to have a patch test performed?  Yes  No

## **CONSENT**

I hereby consent and authorize the stylist to perform the following service(s):

\_\_\_\_\_

I understand that while the salon and its staff aim to deliver the highest quality service, there are potential risks involved with hair services. These risks include, but are not limited to:

- Hair damage from chemicals, heat, or styling tools.
- Allergic reactions to the chemicals and other products used during service.
- Unexpected changes in hair texture or color.
- Temporary or permanent hair loss or scalp irritation.
- Other: \_\_\_\_\_

I understand that the salon cannot guarantee specific results and that the outcome of my hair services may differ depending on my hair type, condition, past treatments, and at-home maintenance. I also understand that proper at-home care may be necessary to achieve/maintain the desired results, and it is my responsibility to follow the stylist's instructions.

By signing below, I confirm that I have read and understand the information provided, have been offered a patch test, had all my questions answered to my satisfaction, and accept the potential risks. Signing below also indicates my consent and agreement to indemnify, defend, and hold harmless the salon, its owners, employees, agents, and assigns from any liability claim or action arising from the hair services.

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Print Name: \_\_\_\_\_