



## CLIENT RELEASE FORM

DATE: \_\_\_\_\_

I, \_\_\_\_\_ release **Statements Hair Salon Boutique**, and  
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 \_\_\_\_\_,  
(service)  
a permanent chemical process, applied to my hair.

I release and hold **Statements Hair Salon Boutique**, 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 \_\_\_\_\_ chemical process performed  
on my hair within the last six weeks.

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## CLIENT RELEASE FORM

(cont.)

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: \_\_\_\_\_

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Client Signature

Print name

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Stylist Signature

Print name

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Manager Signature

Print name

**THANK YOU!**