

HAIR EXTENSIONS- CLIENT CONSENT

NAME: _____ DATE: _____

PHONE: _____ EMAIL: _____

DO YOU HAVE ANY KNOWN ALLERGIES TO NYLON, COTTON, SILICONE OR ANY METALS?

- YES
- NO

IF YES, WHICH: _____

DO YOU OR HAVE YOU EXPERIENCED SEVERE 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.

Acknowledgement 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 hair extensions.

Signature: _____