

Parental Chemical Service Consent Form

As the parent or legal guardian of _____ (minor receiving services name), I give permission for her/him to have the following services performed:

- Blonding Service (any bleaching service)
- Coloring Service
- Corrective Color
- Fashion Color
- Smoothing Treatment (Brazilian Blowout/ Keratin Treatment)

Price Quote for services: _____

I confirm that I have given permission for my child to receive the above services at the quoted price. I have been informed of the proper at home care and I agree to supervise any home care procedures that are recommended by the stylist to ensure the longevity of the services. I release _____ and Color Geek Salon of any and all liability.

Date: _____

Full name of parent or guardian: _____

Signature of parent or guardian: _____

Signature of Stylist: _____

Liability Release Form

Name: _____

Address: _____

City, State, Zipcode: _____

Phone: _____

Email: _____

Date of Initial Consultation: ____/____/____

Date of Service: ____/____/____

Consulting Stylist: _____ Stylist Performing Service: _____

Allergies? If yes, please list.

Any prescription medications? If yes, please list.

Has the hair been chemically altered in the last 5 years? If yes, what has been done?

Current Hair Products Being Used:

FOR STYLIST ONLY

Patch Test

- Patch test performed. Reaction after 24 hours? Yes / No If yes, what was the reaction?

- Client Refused Patch Test

Stand Test

- Strand test performed. Outcome of the strand test?

- Client Refused Strand Test

Service(s) Being Performed

- Haircut
 Corrective Color
 Fashion Color
 Smoothing Treatment (Brazilian Blowout/ Keratin Treatment)
 Other: _____

Reason(s) for Liability Release/ Consent Form

- Minor receiving services
 Goal color will require multiple sessions and cannot be achieved in one session
 Box Color/ Sun-in/ Henna/ etc. on hair
 Clients hair is damaged
 Major Change
 Fast Fading Color (Silver, Lavender, Pastels, etc)
 Client Refuses Recommended Treatments required to maintain hair health
 Client is pregnant or on medications that may have effects on the service
 Other: _____

Deposit Required? Yes / No Deposit Amount: \$ _____ Paid: ____/____/____

Please read carefully and initial on the line.

_____ I have read the above and if I had any concerns I addressed them with my stylist. I give my permission for _____ to perform the services listed above.

_____ I have given my stylist an accurate account of the questions asked above including all known allergies, or prescription drugs, hair history, and products I am currently using.

_____ I understand my stylist will take the utmost caution to minimize or eliminate negative reactions or outcomes.

_____ I understand that if at any point the integrity of my hair becomes a risk the services will be stopped.

_____ I have been given at home maintenance instructions on caring for my new hair.

_____ I understand that using products or treatments not purchased directly through my stylist or Color Geek Salon may have negative effects on my hair such as stripping color, over proteinizing, breakage, etc.

_____ I agree this constitutes full disclosure and supersedes any previous verbal or written disclosures, pricing, etc. I certify that I have read and fully understand the above information and that I have had sufficient opportunity to have any questions or concerns addressed. I understand the procedure and accept the risks associated with it. I do not hold Color Geek Salon or my stylist _____ responsible for any of my conditions that were present but not disclosed that the time of this procedure, which may affect the outcome of the procedure or may be affected by the procedure itself.

By signing this form you release _____ and Color Geek Salon from any and all liability. You understand and agree to be charged \$_____ on ___/___/___ for the deposit (if applicable). You understand that you have been quoted \$_____ for your service to be completed.

Thank you and we look forward to working with you!

Client Signature _____

Guardian Signature (if minor) _____

Stylist Signature _____

Stylist comments/ notes:
