

Aly Grae

CHEMICAL SERVICE WAIVER

BY SIGNING THIS WAIVER, I AGREE TO THE FOLLOWING:

1. I have made my stylist aware of any and all hair treatments I've had within the last 5 years.
2. I understand that it is advised to not wear any jewelry and/or hearing-aid devices during my chemical service due to the damage my chemical service might cause.
3. I understand that pregnancy, hormonal changes, certain medications, vitamins, diet, hard water and chlorine can effect the end result of my chemical service.
4. I have disclosed all medications, vitamins, skin sensitivity issues, and allergies I have to my stylist and hold my stylist harmless of any allergies or reactions that may result from receiving a chemical service.
5. The results of a chemical hair service can vary depending of each individual's hair type. Multiple service appointments may be necessary to achieve the client's desired result. The hairstylist will work to the best of their ability to achieve the desired result, however, the safety of the client's hair and scalp is a top priority. If the risk of damage or irritation is too severe, the hairstylist will opt for multiple appointments to achieve the desired result, or may refuse to perform certain services, while offering alternative services to the client.
6. I give permission and waive all liability to my hairstylist, as well as to Artisan Grae Hair Salon (Artisan Grae LLC), for any negative reaction and/or injury caused by the chemical service(s) I'm receiving.
7. This waiver will remain in perpetuity for all chemical services, unless specifically revoked by this client in writing.

I CERTIFY THAT I HAVE READ AND AGREE WITH ALL OF THE INFORMATION LISTED ABOVE.

Client Name: _____

Client Signature: _____

Date: _____

I HEREBY GIVE MY PERMISSION as parent or guardian of: _____

who is: _____ years of age (*permission required if under the age of 18*) and hereby agree to accept all of the previous.

Guardian Name: _____

Guardian Signature: _____

Date: _____