



## CHEMICAL SERVICE LIABILITY WAIVER

### PERSONAL INFORMATION

NAME:

DOB:

AGE:

EMAIL:

PHONE:

### PLEASE READ AND INITIAL EACH SECTION BELOW:

1. \_\_\_\_\_ I understand by signing this consent form and liability waiver, I am allowing "HOUSE OF HER" to perform a chemical service on either myself or child under the age of 18 years old.
2. \_\_\_\_\_ The nature of this service and the potential risks involved have been explained to me and I accept this treatment as suitable.
3. \_\_\_\_\_ I understand that chemical services have varying results based on my hair type, condition, and other factors. I acknowledge that I must disclose any and all processes that I may have done to or used on my hair in the past few months.
4. \_\_\_\_\_ I agree that I will not hold "HOUSE OF HER" liable for any undesirable results due to lack of disclosure about chemical service history, including but not limited to previous bleaching, perms, boxed colors and dyes, or other services done by a professional or myself.
5. \_\_\_\_\_ I understand that hair lightening may take multiple sessions to achieve the desired outcome at an additional cost.
6. \_\_\_\_\_ I understand that it is possible that I may have an allergy to or reaction to chemicals used in the services and "HOUSE OF HER" will not be held liable for injury or claims and I am voluntarily requesting that this service be performed on me today.
7. \_\_\_\_\_ I acknowledge and accept that I may experience some of the following side effects including but not limited to redness, irritation, and tightening.

By signing below, I understand the general nature and risks associated with a chemical service and voluntarily elect to receive the service by "HOUSE OF HER". I agree that I am over the age of 18 or am the parent/legal guardian of a minor seeking the chemical service and are able to contract in my/his/her name. I agree that I have made my stylist aware of all the processes I have used on my hair in the past few months whether done by a professional or myself. I understand that withholding any previous treatments to my hair may result in undesirable changes to my hair and/or negative reaction. I understand that chemical services may cause some damage to my hair. I understand that to achieve the best results, I may require several treatments at additional cost as discussed with my stylist.

SIGNATURE:

DATE: