



125 W. Bloomingdale Ave  
Brandon, FL 33511

## Client Waiver and Acceptance of Responsibility

Date: \_\_\_\_\_

Client Name: \_\_\_\_\_ (hereafter "CLIENT")

Hair Professional: \_\_\_\_\_ (hereafter "HAIR PROFESSIONAL")

I, CLIENT, acknowledge that results of services at Salon 705 may be unpredictable due to the current condition of my hair. I also acknowledge that my hair has been previously colored or chemically treated at home and or at another salon. I also acknowledge that I am willing to and in fact do take full responsibility for any and all hair damage and/or breakage that may occur during or after my color or chemical service at Salon 705 due to my hair's condition before getting services at Salon 705. I, CLIENT, do not hold Salon 705 responsible for any hair breakage and/or damage that may occur during color/chemical service.

I, CLIENT, have been thoroughly informed by HAIR PROFESSIONAL of the possible risk that may occur during my color and/or chemical service at Salon 705 and would like to proceed with services.

\_\_\_\_\_  
CLIENT Signature

\_\_\_\_\_  
HAIR PROFESSIONAL Signature

Last modified: May 21, 2019