



Date

# Chemical Service Liability Waiver

## Personal Information

Name

DOB

AGE

Email

Phone

Please read and initial each section below:

1. \_\_\_\_\_ I understand that by signing this consent form and liability waiver I am allowing Beauty Bliss Studio 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 had done to or used on my hair in the past few months. As well as any medications I am currently taking.
4. \_\_\_\_\_ I agree that I will not hold Beauty Bliss Studio liable for any undesirable results due to lack of disclosure about chemical service history including but not limited to previous bleachings, perms, boxed colors & 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 it is possible that I have an allergy to or reaction to the chemicals used in the service and Beauty Bliss Studio will not be held liable for injury or claims and I am voluntarily requesting that this specific 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 Beauty Bliss Studio. 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