**Colour, Hair Extensions & Chemical Consent Form**

**NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDRESS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHONE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMAIL:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you currently on any medication? YES/NO

Please list all medications taken in the last month:

1. Do you have any known allergies to salon products or otherwise? YES/NO

Please list all known allergies:

**3.** Hair history

Please write below any chemical, colour or extension services you have had done to your hair in the last 3 years:

1. Would you like a patch test performed before your service? YES/NO
2. Is this service considered a ‘Corrective’ colour? YES/NO
3. Are you having hair extensions applied? YES/NO
4. Have you ever:
* Used metallic or henna products in your hair?
* Used box, supermarket or chemist hair colours in the last 3 years?
* Used supermarket or chemist hair products (shampoo, conditioner, styling products) in the last 3 years?
* Had hair breakage from a colour or chemical service? If so, where on your head and when?
* Had hair extensions? Tape, weft, weave, bead etc
* Experienced hair loss for any reason?
* Coloured, lightened your hair in salon?
* Had a chemical service (perm, chemical straighten, keratin smoothing)?

**I understand:**

I am aware and understand that receiving any hair colour, and or chemical service can, in some individuals result in an allergic reaction. I understand that a reaction can occur at any time even if I have received this service on previous occasions. It has been explained to me what to expect with the colour service or chemical service I am about to receive, and I am willing to proceed. I further understand that I may ask to receive a skin patch test 24 - 48 hours in advance, prior to chemical services. I also understand that a negative patch test does not mean that a reaction will not still occur. I understand these risks and if I have any concerns I will seek medical advice prior to any colour or chemical service.

I understand that it is extremely important to inform my stylist of any and all other processes I have used or have had done on my hair in the last 3 years, to assist in their assessment of my hairs current status and the process that I need to achieve my desired results. I also understand that I must inform my stylist of any allergies that I may have. I realize that this is very important information and that any information I withhold regarding my previous processes will increase my chances of unpredictable chemical reactions or undesirable results.

I understand and acknowledge that I and my stylist have had a consultation prior to proceeding and I was given very transparent and realistic expectations on the results I will have following my chemical and or colour service, and that to achieve the desired results it may or may not take multiple sessions/services.

I understand if I am receiving or undergoing a colour correction, it may take multiple sessions and or services to get to my desired result after the service and in some cases, the exact results may not be obtainable. I acknowledge my stylist was transparent in giving me realistic expectations and going over what may be needed as well as the potential cost of this as well as future services if needed to achieve the end results.

If there are any product or after care recommendations given to me to improve the health of my hair or to maintain the results after the service I acknowledge that I am to follow the directions and or advice. If I do not follow these recommendations I am not to hold Icon Salons responsible for underachieved results. I also understand that results may vary per individual depending on hair type, texture, porosity, etc.

I give Icon Salons and its employees, permission to colour my hair or perform any chemical services, and I do not hold them responsible for any and all adverse health reactions from this service, or for any undesired results based on the information in this waiver and per our discussion of what results are to be expected. This shall be binding upon me, my heirs as well as any legal representatives.

I acknowledge this consent will cover the entire service as well as subsequent services I may have at Icon Salons, regarding hair colour or chemical services. I also acknowledge if any of my hair, medical or health history changes that may affect my services I am to inform and update the salon to make sure I will continue to receive desired results.

Signing below indicates that I have read and understand this form, that I have been offered a patch test, and that I direct to proceed with your hair colouring service. Signing below indicates my consent and agreement to indemnity, defend and hold harmless, it's stylists and employees from any liability claim or action arising from the application of hair colouring and chemical products.

I acknowledge that a hair extension service is final after the application. Any changes to the style after application will be charged accordingly and additionally.

I acknowledge that hair extensions are very sensitive and different from intact human hair. I have been informed of the daily maintenance procedure. I will follow the daily maintenance procedure to keep my extensions in the best condition possible. I am fully aware and responsible that if I brush my hair hard or if the extensions are pulled that it can be ripped from the roots.

I acknowledge that I have inspected and approved the hair extensions that are to be installed in my hair. In the event that I decide not to keep the hair extensions, I am fully responsible for the total payment of services rendered. I also understand the explanations of the entire procedure, and I am aware that with proper care on my part, they should remain in my hair for at least 6-8 weeks. I understand that if an allergic reaction occurs, I will not hold my technician or salon at fault. The charge for the removal of hair extensions is not included in the original fee.

I have read this waiver form in its entirety, and I voluntarily accept the terms of the release by affixing my signature below, and warrant that I fully understand its contents.

Client signature: Date:

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