**JASON LEWIS SALON**

**Indemnification, Waiver, Release, and Hold Harmless Agreement**

I am aware and understand that receiving any hair color, and or chemical service can, in some individuals result in an allergic reaction or other personal injury. 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 color 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 twenty-four to fourth-eight hours in advance, prior to all 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 color or chemical service.

I understand that it is extremely important to inform and be honest with my stylist of any and all other processes I have used or have had done on my hair in the last six months to a year, 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 color 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 color correction, it may take multiple sessions and or services to get to my desired results and in some rare 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 Jason Lewis Salon responsible for underachieved results. I also understand that results may vary per individual depending on hair type, texture, porosity, etc.

Further, I grant Jason Lewis Salon and its employees, permission to color 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 Jason Lewis Salon , regarding hair color 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.

By signing this form or by clicking “accept” below, I assume all risk of injury and harm resulting from the Services and/or the treatment activity specified herein and I agree to release, defend, indemnify, and forever discharge the Jason Lewis Salon from all liabilities, claims, damages, costs, and expenses, or any action due to loss, damage, injury, or death that might incur resulting from Services, including chemical treatment.

Signature of Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature of Guardian

on behalf of Client

(if under 18): `\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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