

## HENNA RELEASE AND WAIVER

1) I understand that my Henna could be on my hair up to but not limited to three hours average, depend of hair type, porosity etc

2.) I understand that my Henna is it is unpredictable

3.) I understand that this Henna does not contain the black chemical P.P.D. (Paraphenylene Diamine).

4.) I understand that this Henna Paste contains Henna Plant (Lawsonia Inermis), Lemon Juice, Sugar, and may contain some of the following essential oils: Cajeput, Cardamom, Clove, Cypress, Eucalyptus, Lavender, Naiouli, Palmarosa, Patchouli, Rose Geranium, Tea Tree. \*orange juice,lemon juice,sage,wild cherry powder,black walnut powder,basil,nugmet,cinnamon,indigo,cassia,buxus dioica,amla,olive oil,coconut oil,beet powder

5.) I am not to my knowledge allergic to any of these included ingredients.

6) Different manufacturers and suppliers have different color descriptions and the “same” product and color from suppliers may be slightly different

I understand and acknowledge that I should **AVOID HENNA** if I have **G6PD deficiency \*\*** Or have been advised to avoid **Fava beans**, Quinine, are **extremely anemic**, or have **citrus allergies**.

I use a non-steroidal anti-inflammatory drugs or Quinine  
I am not allergic to Mothballs or Naphthalene Fumes

I realize I should consult a physician before application if I have any concerns or are pregnant and would like to use henna.

**\*\*G6PD Deficiency** is a hereditary abnormality in the activity of an erythrocyte (red blood cell) enzyme. This enzyme, glucose-6-phosphate dehydrogenase (G-6-PD), is essential for assuring a normal life span for red blood cells, and for oxidizing processes.  
This enzyme deficiency may provoke the sudden destruction of red blood cells and lead to hemolytic anemia with jaundice following the intake of **fava beans, certain legumes and various drugs**.

I acknowledge that I have **NO citrus allergies**, or **allergies to lemon juice**, and **essential oils**, and if so, that I should **NOT** use this product.

To my knowledge I have **no medical or skin conditions** such as but not limited to: acne, scarring, eczema, psoriasis, moles, or sunburn in the area where henna is to be applied, that may interfere with henna service

I acknowledge that it is not reasonably possible for the representative or owner of HAIR HOLISTIC to determine whether I might have an allergic reaction to the pigments or ingredients used in my HENNA SERVICE, and I agree to accept the risk that such a reaction is possible.

I acknowledge that infection is always possible, particularly in the event of unseen allergic reactions and / or I do not take proper care of HENNA,

I realize that variations in color and design may exist between any henna service as selected by me and as ultimately applied to my hair.

I understand that if my hair color is grey, the color May appear brighter on large gray areas.



**RELEASE AND WAIVER OF ALL CLAIMS**

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[ ] I acknowledge that the obtaining of my Henna hair service is by my choice alone, and I consent to the application of the henna and to any actions or conduct of the owner of HAIR HOLISTIC WORKS reasonably necessary to perform the the henna service procedure.

I release all rights to any photographs taken, and give my complete advance consent for their reproduction in any print or electronic form, or exhibition in any venue.

[ ] I agree to release and hold harmless IBANA VILLASENOR HAIR HOLISTIC, its owner and representatives from any and all claims, damages, or legal actions arising from or connected in any way with my henna services or the supplies, procedures and conduct used to apply my tattoo.

**Please check the following as applies:**

[ ] I acknowledge that I have truthfully represented, to the representatives of IBANA VILLASENOR HAIR HOLISTIC that I am 18 years of age or older, have read and understood the above release waiver, and that this information is true and correct.

[ ] I acknowledge that I have truthfully represented, to the representatives of IBANA VILLASENOR HAIR HOLISTIC that I am Under the age of 18 and that my parental consent applies to this release.

I acknowledge that I, along with my Parent or Guardian, have read and understood the above release waiver, that this information is true and correct, and that my Parent or Guardians signature is true.

\*\*\*\*\* **PLEASE PRINT** \*\*\*\*\*

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ City & State: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Age today: \_\_\_\_\_ Signature: \_\_\_\_\_  
Tattoo Design: \_\_\_\_\_  
Payment : \_\_\_\_\_ Date Tattoo Completed: \_\_\_\_\_  
Artist: Danza Humphrey \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\* **PARENTAL CONSENT SIGNATURE** \*\*\*\*\*

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_

I hold the artist, IBANA VILLASENOR HAIR HOLISTIC, harmless for any adverse Reactions or effects of Henna. And herbal hair treatments

\_\_\_\_\_  
Signature and Date CLIENT'S Name

Name of Location or Event

\* Special Non-Citrus or Essential Oil exclusive paste available upon request

