

Release Form

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

I have read and understood the "straight talk" portion of this web site prior to signing this document.
I will follow all procedures to ensure my results are optimum.

By signing this agreement, I acknowledge that I am aware that the results will vary from person to person and I cannot find IBANA VILLASENOS DBA HAIR HOLISTIC, legally or financially responsible for the pre-chemical condition of my hair, which will have an effect on my resulting hair service.

I will call with any concerns within the first week of my service and IBANA VILLASENOSENOR, DBA HAIR HOLISTIC will be responsible for resolving hair services issues promptly, free of charge and with full awareness of my hair's chemical boundaries. Meaning (color bleeding, stains, uneven color due to previously done by someone else chemical process).

Signature of customer _____

Printed name of customer _____ Date _____

STYLIST AGREEMENT WITH CLIENT

I, (stylist), agree to give (client) my most focused and undivided attention for the duration of the chemical service, as well as maintain open communication afterwards to ensure my client's hair is an good standards after a chemical service as it can possible be.

I promise to address and resolve all issues as soon as humanly possible.

Unintentionally under processed sections of hair, reported to me within one week of the hair service will be redone free of charge as soon as possible, unless other agreements have been made in writing.

Signature of stylist _____

Printed name of stylist _____ Date _____

