

HOLLYWOOD Style

BY SIGNING THIS DOCUMENT I AGREE TO THE FOLLOWING:

- I have made my hairstylist aware of any services I have had on my hair in the past 12 months.
- I informed my stylist of any allergies or skin sensitivities that I may have, any medications I am taking, and any medical treatments I am currently receiving or have received in the last 12 months.
- I grant my hairstylist permission to put hair extensions in my hair and I do not hold them responsible for any adverse health reactions or undesired results.
- I understand that although unlikely hair extensions may cause damage to my hair if not properly cared for.
- I understand that more maintenance may be required after this service.
- I agree to follow the post care instructions.
- I acknowledge that this consent will cover the entire service as well as any subsequent services I may have.
- I understand the **non-refundable** 50% charge is due at time of booking and must be paid in order for Hollywood Style to purchase the hair extensions.
- I agree to pay the remaining 50% and additional charges at time of service.

Client Name _____

Client Signature _____ Date _____