

Extension Specialist Release Form

Name: _____

Address: _____

Phone: (Hm) _____ (Wk) _____

Medical problems that may interfere with this service?

Yes No

(If yes, you MUST notify your stylist. We cannot proceed with this service.)

Special instructions for work: *(Continue on back if necessary)*

~ PLEASE READ CAREFULLY AND SIGN BELOW ~

By agreeing to these terms of service you understand that you are releasing all liabilities of your extension specialist and _____ (salon). Your service will be performed exactly as it has been explained to you. At any point the service is not being performed as has been explained, notify your stylist during the service so those issues can be addressed. Once the service is complete, no refunds will be given.

This service is guaranteed for the recommended life of the style. The service guarantee does not cover normal wear. Alterations and repairs to your style must be scheduled in advance. We will try to make accommodations for "hair emergencies."

We reserve the right to charge additional fees for services we consider over and above normal service covered by our standard rates. This will be discussed with you at the time of service.

We also reserve the right to refuse service to anyone.

We are here to serve you to the best of our ability; if you have any problems or concerns, please notify your stylist or management.

By signing, I acknowledge that I have received the care and maintenance instructions for this service.

Signature: _____

Date: _____

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