ACE OF FADES
212
127 EAST 59TH STREET, SUITE 60
NEW YORK, NY 10022

WAIVER RELEASE FORM

I acknowledge that I have been fully informed about the potential risks associated with chemical hair processing. I understand that any guarantees provided are contingent upon my adherence to the instructions for the proper maintenance of my chemically treated hairstyle. I am aware that permanent weaves, permanent or semi-permanent colors, temporary colors, adhesives, and relaxers all fall under the category of chemical treatments.

I understand that the services provided are undertaken at my own risk, and I hereby release the salon and the individuals performing the chemical process or any service from any liability associated with these services.

Customer Signature _____ Date _____

CLIENT INFORMATION

Address: _____

City: _____

State: _____

Zip: _____

Phone #: _____

SERVICE INFORMATION

LEAVE THIS SECTION BLANK FOR STAFF TO FILL OUT

Services Performed by: _____

Services Rendered: _____

Condition of Hair: _____

Type of Unit/System: _____

Type of Adhesive: _____