



## New Client Color Release Form

I \_\_\_\_\_ understand that a small percentage of individuals can experience adverse reactions due to application of hair coloring products. These reactions can include burning, redness, itching and/or swelling. Some people develop chemical burns on the scalp or on the hairline.

Further, I have been informed that a small percentage of individuals may react to hair coloring even though they have never had a reaction in the past.

I have been informed that Mitchell's Salon & Day Spa Inc. requires a patch test, which determines whether or not I will experience a reaction to hair coloring. This patch test must be given 48 hours (2 days) before each hair coloring appointment.

I have chosen to forego the patch test and direct Mitchell's Salon & Day Spa Inc. to proceed with the coloring of my hair at this time.

The undersigned declares that they fully understand the terms for the Release and hereby certify that they have carefully read the forgoing Client Release and understand the contents thereof and sign the Client Release as their free act with the intention to be legally bound hereby.

The undersigned, being of lawful age, does hereby forever release and discharge Mitchell's Salon & Day Spa, Inc., it's employee's and agents, successors and assigns for and from any and all liability, claims, demands, damages and causes of action resulting from the rendering of service's at Mitchell's Salon & Day Spa Inc.

\_\_\_\_\_  
*Client Name (please print)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Client Signature*

\_\_\_\_\_  
*Employee Name (please print)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Employee Signature*

\_\_\_\_\_  
*Witness Name (please print):*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Witness Signature*