



Keratin Smoothing Treatment / Client Release Form

All boxes below must be checked by client or stylist to proceed with scheduling and performing service.

Stylist check boxes below to acknowledge statement is accurate:

- Client does not have any hair treated with Sodium Hydroxide less than 4 weeks ago.
- Client does not have home color in her hair.
- Client has hair with sufficient density, elasticity and porosity.
- Client has no open abrasions or irritations on scalp, neck, or face.
- I have approved above client for Keratin Smoothing Treatment.
- I have **NOT** approved above client for Keratin Smoothing Treatment.
- I understand it is my responsibility to ensure appointment is scheduled properly, specifically: adequate time is available to perform this service
- I understand it is my responsibility to provide a written prescription for home care products, including instructions for use.
- I understand it is my responsibility to provide client with professional products that are Sodium Chloride free.
- I understand purchase of any professional products for home care will be at clients' expense.

Stylist Signature _____ Date: _____

Client Name: _____

Appointment booking time: _____ Appointment date & time: _____

Keratin Smoothing Treatment price quoted at time of consultation: \$ _____



Keratin Smoothing Treatment / Client Release Form

The undersigned, being of lawful age, does hereby forever release and discharge Mitchell's Salon & Day Spa Inc., it's employees 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 or services named below.

The undersigned further agrees if any service rendered requires further procedures, the additional services shall be at regular cost. The undersigned declares they fully understand the terms of the Client Release and hereby certify that they have carefully read the forgoing Client Release and understands the contents thereof and sign the Client Release as their free act with the intention to be legally bound hereby.

All boxes below must be checked by client or stylist to proceed with scheduling and performing service.

Client check boxes below to acknowledge statement is accurate:

- I am over the age of 18, if so parent / legal guardian signature required.
- I am not pregnant or breast feeding.
- I am not taking any of the following medications: Acutane, Thyroid, Heart, or undergoing any type of cancer treatments.
- I have not used prescribed or over the counter Rogaine, orally or applied topically for a minimum of 3 months..
- I do not have "home hair color" on any part of my hair.
- I understand and agree I cannot wash or get my hair wet for 72 hours.
- I understand my hair cannot be tucked behind ears, worn in ponytail or arranged in any way other than worn straight down for a minimum of 72 hours.
- I have not had Sodium Hydroxide Relaxer applied to any of my hair less than 4 weeks ago.
- I understand over time, my hair will revert to pre treated texture and will require repeated service of Keratin Smoothing Treatment as recommended by Stylist.
- I understand the use of a water softener may shorten the longevity of this service.
- I understand my results will only be guaranteed if I am using home maintenance products recommended by the Stylist performing Keratin Smoothing Treatment.. *Including shampoo, conditioner/s, styling and hair spray products.
- I understand Keratin Smoothing Treatment service may cause hair breakage, adverse chemical reaction to skin, scalp and / or hair.
- I understand I may not like my hair smooth. I release Mitchell's Salon & Day Spa, Inc. of all claims resulting from this service.
- I understand no refunds will be given.

Client Name (please print): _____

Client Signature: _____ Date: _____

Stylist Name (please print): _____

Stylist Signature: _____ Date: _____



Keratin Smoothing Treatment Client Home Care Prescription

Coppola home care products contain 11% keratin.

***Client reminder: No products should be used on your hair if they contain Sodium Chloride. Doing so will cause hair to revert to pre-treated texture.**

Care Shampoo and Care Conditioner: Used on all hair types. It is a gentle cleanser that is sodium chloride free.

Color Care Shampoo and Color Care Conditioner: Recommended for color treated hair to extend vibrancy. This sodium chloride/ sulfate free formula also contains keratin, soy and wheat protein.

Vanilla Bean: Deep conditioning treatment for all hair types.

Infusion: This is a Keratin replenisher! It has a unique formulation that elevates the PH, opens cuticle of the hair and infuses Keratin protein into the hair.

Shine: Keratin oils enhance shine and provide advanced protection....apply to dry hair.

Thermo-Shine: This product was developed especially for flat ironing. Innovative silicone compound protects against thermal damage as it smoothes, conditions and seals the hair.

****Additionally:** A moisture rich Deep Conditioning Masque and/or Daily Leave In treatment product may be recommended for home use. If so, these products will be purchased as regular retail items,. Your stylist will give specific instructions for use, customized to fit your individual needs.