

## CORRECTIVE COLOR CLIENT RELEASE

Stylist Name:	Date of Consultation and/or Service
<u><b>Hair Analysis:</b></u> Natural Level & Tone:	
Previously Colored Level/s & Tone/s Comments:	:
Porosity: Comments:	
Target Color:	
Corrective formulation/s and procedu	are/s recommended during this appointment:
Expected time and cost of this appoir	ntment:
Recommendations for Maintenance Date/s, Procedure/s, Cost of maintena	
Recommendations for Home Mainter Shampoo/s: Conditioner/s: Procedure/s:	nance:
Client Name (please print):	
Client Signature:	Date:
Witness Name (please print):	
Witness Signature	Date:



## CORRECTIVE COLOR CLIENT RELEASE

The undersigned, being of lawful age, and in consideration of receiving corrective services for color not done by this stylist, has read page one, understands, agrees, and accepts all information and recommendations of said stylist does hereby forever release and discharge Mitchell's Salon & Day Spa, Inc. its employees and agents, successors and assigns for and from any and all liability, claims, demands, damages, and causes of action resulting from injuries and any and all other loss and damage of every kind and nature which could result from the rendering of the above services.

The undersigned further agrees if any service rendered requires further procedures, the additional services shall be at regular cost.

The undersigned understands that corrective color procedure/s may result in an unpredictable end result and/or hair texture.

The undersigned declare that they fully understand the terms of this Release and hereby certify that they have carefully read the foregoing Release and understand the contents thereof and sign this Release as their free act with the intention to be legally bound hereby.

Client Name (please print):	
Client Signature:	Date:
Witness Name (please print):	
Witness Signature:	Date: