Hair Color & Chemical Service Waiver

Consent and liability waiver for hair coloring, bleaching, perms, relaxers, and other chemical hair treatments

Client Information

First Name *

Last Name *

Email Address *

Phone Number *

Date of Birth *

MM / DD / YYYY

Service Details

Service(s) Requested *

- [ ] Single-Process Color
- [ ] Highlights / Lowlights
- [ ] Balayage / Ombre
- [ ] Bleach / Lightening
- [ ] Color Correction
- [ ] Toner / Gloss
- [ ] Permanent Wave (Perm)
- [ ] Relaxer / Straightening
- [ ] Keratin Treatment
- [ ] Other

Desired Result / Reference Description *

Hair History

Natural Hair Color *

Current Hair Color (if different)

Chemical services in the past 12 months:

- [ ] Hair color or dye
- [ ] Bleach or lightener
- [ ] Perm
- [ ] Relaxer or chemical straightening
- [ ] Keratin or smoothing treatment
- [ ] Henna or metallic dye
- [ ] Box/at-home color
- [ ] None

Have you EVER used henna or metallic-based hair color? *

- [ ] Yes
- [ ] No
- [ ] Unsure

Important: Henna and metallic-based dyes can react dangerously with professional hair color, bleach, or perms. If you have ever used these products, please inform your stylist immediately. A strand test may be required.

Current hair condition *

- ☐ Healthy — minimal damage
- ☐ Slightly damaged — some dryness or split ends
- ☐ Moderately damaged — noticeable breakage
- ☐ Severely damaged — very dry, brittle, or breaking

Allergy Screening

Chemical hair services use products that may cause allergic reactions in some individuals. A patch test 48 hours before service is recommended, especially for first-time clients.

Do you have any known allergies to hair dye, bleach, or chemical products? *

☐ Yes ☐ No ☐ Unsure

If yes, please describe the reaction

Do you currently have any of the following?

- ☐ Cuts or abrasions on scalp
- ☐ Scalp psoriasis or dermatitis
- ☐ Scalp sensitivity
- ☐ Alopecia or hair loss
- ☐ None of the above

Patch test preference *

- ☐ I have had a patch test and had no reaction
- ☐ I decline a patch test and accept the risk
- ☐ I would like to schedule a patch test before my appointment

Consent & Waiver

Acknowledgments:

1. I understand that results of chemical hair services depend on many factors including hair history, current condition, and natural hair characteristics, and that exact results cannot be guaranteed.
2. Color correction and significant lightening may require multiple sessions.
3. I understand that chemical services carry risks including but not limited to: allergic reaction, scalp irritation or burns, hair damage, breakage, or unintended color results.
4. If my stylist determines that the requested service may cause excessive damage to my hair, they may recommend an alternative approach. I understand and support this professional judgment.
5. I have disclosed all previous chemical treatments honestly, including at-home products.
6. I release the salon and stylist from liability for any adverse reactions or unintended results.

I confirm that I have provided accurate information about my hair history and understand that results cannot be guaranteed. I accept the risks associated with chemical hair services.

I have read and agree to the above: _____

Consent & Signature

I consent to the hair color/chemical service(s) described above. I have been informed of the risks and alternatives. I have disclosed all relevant hair history and health information. I release the salon from liability for reactions or results affected by undisclosed information.

I confirm I have read and understood the above information and give my informed consent.

I have read and understand the above information: _____

Signature

Date

Print name

Date *

MM / DD / YYYY