

Salon M Hair Color/Product Sensitivity Waiver

I, _____(client), acknowledge that I have a history of allergic reactions to certain hair colors and products. I have been advised to undergo a patch test prior to any full-color service to determine if I have any allergic sensitivity.

I understand that even with a patch test, there is a possibility of an allergic reaction occurring during or after the full-color service.

By signing below, I agree to proceed with the color service at my own risk.

I release Salon M on Hudson and, its employees, and contractors from any liability, claims, or damages arising from an allergic reaction to the hair color or products used during the service.

I confirm that I have disclosed all relevant allergy and medical information to the stylist.

Signature: _____ Date: _____

Printed Name: _____