

Hair Extension Waiver Form

I acknowledge that the service is final after the application. Any changes to the style after application will be charged accordingly and additionally.

I acknowledge that hair extensions are very sensitive and different from intact human hair. I have been informed of the daily maintenance procedure. I will follow the daily maintenance procedure to keep my extensions in the best condition possible. I am fully aware and responsible that if I brush my hair hard or if the extensions are pulled that it can be ripped from the roots.

I acknowledge that I have inspected and approved the hair extensions that are to be installed in my hair. In the event that I decide not to keep the hair extensions, I am fully responsible for the total payment of services rendered. I also understand the explanations of the entire procedure, and I am aware that with proper care on my part, they should remain in my hair for at least 6 weeks. I understand that if an allergic reaction occurs, I will not hold my technician or salon at fault. The charge for the removal of hair extensions is not included in the original fee.

I have read this waiver form in its entirety, and I voluntarily accept the terms of the release by affixing my signature below, and warrant that I fully understand its contents.

Client Name

Client Signature

Date

Stylist Name

Stylist Signature

Date



HAIRVISION

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