

**\*\*Client Consent Form\*\***

**\*\*Client Information:\*\***

Full Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Address: \_\_\_\_\_

I, the undersigned, hereby consent to receive services and treatments from [Salon/Provider Name] located at [Salon/Provider Address], herein referred to as the "Provider."

**\*\*Treatment/Service Details:\*\***

I am requesting the following treatment/service(s):

[Description of Treatment/Service]

**\*\*Purpose of Treatment/Service:\*\***

I understand that the purpose of the treatment/service is:

[Explanation of Purpose]

**\*\*Risks and Benefits:\*\***

I have been informed of the potential risks and benefits associated with the treatment/service and have had the opportunity to ask questions.

**\*\*Consent to Treatment/Service:\*\***

I consent to receive the treatment/service mentioned above. I understand that I have the right to refuse treatment/service at any time.

**\*\*Alternative Treatments/Services:\*\***

I have been informed of alternative treatments/services and have chosen the one described above after considering my options.

**\*\*Confidentiality:\*\***

I understand that my personal information and records will be kept confidential, as per applicable laws and regulations.

**\*\*Payment:\*\***

I agree to pay the agreed-upon fees for the treatment/service at the time of service or as otherwise agreed upon.

**\*\*Cancellation and Rescheduling:\*\***

I understand the Provider's cancellation and rescheduling policy and agree to abide by it.

**\*\*Photographic Consent:\*\***

I consent to the taking of photographs before, during, or after the treatment/service for record-keeping or educational purposes, with the understanding that my identity will be protected.

**\*\*Follow-up and Aftercare:\*\***

I understand that I may receive follow-up instructions and aftercare recommendations, and I agree to follow them.

**\*\*Emergency Contact:\*\***

In case of an emergency during the treatment/service, I authorize the Provider to contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**\*\*Release of Liability:\*\***

I release the Provider from any liability for any injury or damage that may result from the treatment/service, except as a result of gross negligence or willful misconduct.

**\*\*Minor Consent (if applicable):\*\***

If the client is a minor, the undersigned parent or legal guardian consents to the treatment/service on their behalf and agrees to all terms and conditions outlined in this form.

**\*\*Signature:\*\***

I have read and understand the above information and consent to the treatment/service provided by the Provider.

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Provider's Information:\*\***

Salon/Provider Name: \_\_\_\_\_

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Provider's Name (if applicable): \_\_\_\_\_  
Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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