

HAIR EXTENSION CONSENT FORM

Salon: _____ Stylist: _____

By signing below, I agree to the following:

1. I understand that hair extensions are an investment and a commitment.
2. I understand the method used to install these extensions.
3. I have been informed that the beads are copper and/or aluminum and if an allergic reaction occurs, my stylist will not be held responsible.
4. I have discussed the colors, length, and amount of hair needed for my desired look with my stylist.
5. I understand that my hair purchase is non-refundable.
6. I will return for maintenance every 6-10 weeks or as suggested by my stylist.
7. I understand that failure to return for maintenance appointments on time may result in damage to my extensions and/or my natural hair.
8. I have received and read through the home care instructions and agree to follow the instructions.
9. I understand that failure to follow home care instructions may result in damage to my extensions and/or my natural hair.
10. I understand my extensions may shorten over time due to styling, brushing, and wear.
11. I understand that cutting or coloring my extensions on my own or getting them cut or colored by another stylist may result in damage to my extensions and/or my natural hair.
12. I understand that getting my extensions shampooed, blown out, or styled by another stylist may result in damage to my scalp, natural hair, or extensions.
13. I understand that my extensions cannot be lightened; If I want a lighter color, I will need to purchase new extensions.
14. I understand that my hair extensions will last 6-12 months before they need to be replaced; hard water, drugstore products, or other negligence may result in a shorter lifespan.
15. I understand that my hair extensions may need to be trimmed over the course of having them in.
16. I understand that removing my extensions on my own or by any other stylist may result in the extensions not being able to be reinstalled.
17. I understand that my hair extensions, installation fee, and maintenance fees are non-refundable for any reason

Client Signature: _____ **Date:** _____

Print Name: _____