

# Bel Capelli Salon Model Waiver

Model Name \_\_\_\_\_

Technician Name \_\_\_\_\_

Service to be preformed \_\_\_\_\_

Day/Time of service \_\_\_\_\_

I, \_\_\_\_\_, understand that the services that I am receiving are done by students under the supervision of the lead stylist and owner of Bel Capelli Salon. I understand that these hair care services are being provided in connection with an in-salon training and or practice for new hair styling technicians for the purpose and benefit of educating and demonstrating hair care techniques. In addition, I may be requested to be photographed at various times before, during, or after the hair care services, and that the time involved in this process is difficult to predict. I agree and consent to participate without any limitations or restrictions. Any and all questions I have concerning this release have been answered prior to my signing. I further affirm that I have granted permission to perform these above listed services and that I waive any right to compensation for or further services should I be unhappy with or object to the final hair style and design I receive. I have freely and voluntarily consented to these procedures and affirm that no specific outcome has been promised.

I present that I am at least eighteen (18) years of age and legally qualified to sign this release.

Model Signature \_\_\_\_\_ Date \_\_\_\_\_

Technician Signature \_\_\_\_\_ Date \_\_\_\_\_

Lead Stylist Signature \_\_\_\_\_ Date \_\_\_\_\_