

BEL CAPELLI

SALON & SPA

Color Correction Consent Form

Guest's Name _____

Brief description of color service to be performed _____

Approximate cost estimation for service _____

Approximate time estimation for service _____

Approximate recommended followup appointments _____

Products/Treatments to be used in salon _____

Products/treatments to be used at home _____

Additional at home care instructions _____

I, _____ agree to have _____
Guest Stylist

at Bel Capelli Salon perform the above listed corrective color service on my hair. I understand the process, the cost, the products to be used and time it will take to complete this service. I also understand that this is an estimation and prices are subject to change. I will arrive to my appointment at the scheduled time and I have been made aware of Bel Capelli's cancelation policy. I have reviewed my home maintenance instructions and I know what to expect and how to take care of my hair at home. Not following the recommended home maintenance can result in further damage to my hair and an unwanted shift in color. I understand that hair color can cause additional damage to my hair, and could potentially cause further damage to my hair. If my hair is fine, brittle, porous, damaged or bleached prior to color application, I understand the risk for breakage after color application is higher. I have never colored my hair with any henna product. I have been honest and notified my stylist about all chemical products I have used on my hair previous to this appointment.

_____ and Bel Capelli Salon are not responsible for any damage
Stylist

that occurs to my hair. Bel Capelli Salon highly recommends booking your appointment on a day when you have no time restrictions. I understand that most color correction services require one or more follow up appointments. This is an additional cost from the initial appointment and will be quoted ahead of time. I have provided my credit card to hold this appointment, and if Bel Capelli's cancelation policy is breached I agree to be charged for half of the quoted price of my service.

[] PLEASE CHECK THIS BOX IF YOU ARE UNDER THE AGE OF 18. OUR POLICY IS THAT ALL MINORS ARE ACCOMPANIED BY THEIR PARENTS/GUARDIANS. BY CHECKING THIS BOX YOU CONFIRM THAT YOU HAVE AUTHORIZATION FROM THEM FOR SERVICES AT BEL CAPELLI.

Guest Signature & Date:
