

COLOR CORRECTION RELEASE FORM

I acknowledge that whenever natural hair color pigment has been bleached, dyed or otherwise altered by a client at home or in another salon, color correction may be needed. I acknowledge that the color correction procedure I am having done can be further damaging to my hair.

Salon Di Marco & Day Spa will perform the hair color correction service with the understanding that there is unknown damage that may have occurred to the client's hair before the client came to Salon Di Marco & Day Spa. Since the hair was previously damaged, color correction may not achieve total satisfaction to the client. It might take more than one visit to accomplish the desired results. Each subsequent visit will be treated as a separate color service with separate charges applied. We will try to achieve the results desired to the best of our professional ability.

Informed consent for color: Signing below indicates that you have read and understand this form, that you have been offered a patch test, and that you direct _____ to proceed with your hair coloring service. Signing below indicates your consent and agreement to indemnify, defend and hold harmless Salon Di Marco & Day Spa, its owners, employees, agents and assigns from any liability claim or action arising from the application of hair coloring products.

If customer is under the age of 18, a Parent or Guardian must authorize color correction services with a signature.

Client Name

Client Signature

Date