

# SALON RELEASE FORM

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PHONE, CELL: \_\_\_\_\_

DATE OF CONSULTATION: \_\_\_\_\_

DO YOU HAVE OR ARE YOU PRONE TO TENDERNESS ☐ YES ☐ NO  
ALLERGIES ☐ YES ☐ NO SWELLING ☐ YES ☐ NO  
REDNESS ☐ YES ☐ NO

I have read the above information and if I had any concerns I have addressed them with my technician. I give permission to perform the procedure we have discussed and will hold them harmless from any liability that may result from this treatment. I have given an accurate account of the questions asked above including all known allergies or prescription drugs or products I am currently ingesting or topically using. I understand my technician will take every precaution to minimize or eliminate negative reactions. I am willing to follow the recommendations for a home care regimen that can minimize or eliminate possible negative reactions. In the event that I may have additional questions or concerns regarding my treatment or suggested home product/post-treatment care, I will consult my technician immediately. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I certify that I have read and fully understand the above information and that I have had sufficient opportunity for discussion to have any questions answered. I understand the procedure and accept the risks. I do not hold the salon or technician, whose signature appears below, responsible for any of my conditions that were present but not disclosed at the time of this procedure, which may be affected by the treatment performed today.

CLIENT PRINTED NAME \_\_\_\_\_

CLIENT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

# Nail Salon Service Release Form

**Daniela Niemeyer**

A red circular graphic with a gradient, appearing as a partial circle or a thick arc, located to the right of the name Daniela Niemeyer.

**Nail Salon Service Release Form:**

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