

THE
SALON
PROFESSIONAL
ACADEMY

2710 Old Lebanon Rd #6, Nashville, TN

RELEASE OF LIABILITY AND INFORMED CONSENT FORM

By my signature below, I _____ hereby authorize and consent to the services and/or treatment of my hair, skin or nails in any manner considered appropriate by students of Level Up, LLC d/b/a The Salon Professional Academy Nashville ("TSPA") under the supervision of Licensed Educators. I acknowledge that no guarantee has been made about the results of my services and/or treatments.

I further agree to voluntarily release, forever discharge, and agree to indemnify and hold harmless TSPA, its students, educators, agents, and employees from any and all losses, claims, injuries, or damages, sustained or incurred by me arising out of or related to the services and/or treatments rendered by TSPA or results thereof, including but not limited to any claims arising from the coloring, cutting and/or styling of my hair, the application of any hair care or hair coloring productions or formulations to my hair, including, but not limited to, claims based on any allergic reaction, damage to my hair, improper hair coloring, or any other claim caused by the negligent acts or omissions of TSPA, its students, or its representatives.

I acknowledge that I have been advised that if for any reason I leave the building to take a phone call, for fresh air, to smoke, to have lunch/dinner, during my service, TSPA cannot be responsible for the condition of my hair upon my return.

I am aware and understand that receiving any hair chemical service can, on some individuals, cause an allergic reaction. I fully understand that this reaction can occur at any time even if I have received this service on previous occasions. I further understand that it is recommended that a skin patch test be performed 24 hours prior to any chemical service by mixing a small amount of color formula and applying to the skin behind the ear or in the fold of the elbow. I also understand that a negative skin patch test does not mean that a reaction will not still occur. I understand these risks, and hereby grant permission to TSPA to perform the services without performing a skin test. I further agree not to hold my stylist or TSPA liable for any and all adverse health reactions from the service(s).

I hereby affirm that I understand that hair products contain reactive chemicals which may result in allergic reactions in some Individuals and hereby assume all risk of personal injury which I may sustain as a result of the application of any of the products used or the manner of service rendered, including the application of chemicals and use of appliances including scissors, hair dryers, curling irons or other tools.

I understand that TSPA has a No Refund policy for fees charged in connection with services rendered. The only exception to this policy is in-school credit, which will be granted upon TSPA approval. No other exceptions to this policy are permitted.

Client Name (Printed) _____

Client Signature _____ Date _____

Clients under the age of 18 must have a parent or legal guardian present during each service.

I represent that I am the parent and/or legal guardian of Client, a minor. I have read and understand the terms of this release and agree to be bound thereby and consent to the application of products, services and treatments to be performed.

Parent/Guardian Name (Printed) _____

Parent/Guardian Signature _____ Date _____

Student Signature _____ Educator Signature _____