mahogany spa salon wellness

Color Consent & Waiver

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 a skin patch test 24 hrs prior is recommended. I also understand that a negative skin patch test does not mean that a reaction will not still occur. I understand these risks and if I have any concerns I will seek medical advice prior to any service.

I also agree that I have not received any color or chemical processing within the past 4 weeks. I understand that this may also result in an adverse reaction.

I hereby grant permission to receive the following hair service(s) and will not hold my stylist or Mahogany Salon and Spa LLC. liable for any and all adverse health reactions from this service(s).

Signature _____ Date _____

Printed Name _____ Phone number _____

Are you over 18 years of age? Yes No

Hair Service _____

Patch test? Yes No If yes, witnessed by _____

If yes, Result _____