

HAIR HOLISTIC HAIR COLOR- HENNA SERVICE CONSENT

NAME:

DATE

1. I understand that my Henna could be on my hair up to but not limited to three hours average, depend of hair type, porosity etc.

2. I understand that my Henna is it is unpredictable

3. I understand that this Henna does not contain the black chemical P.P.D.(Paraphenylene Diamine).

4. I understand that this Henna Paste MAY contains Henna Plant (Lawsonia Inermis),Lemon Juice, Sugar, and may contain some oils like olive, coconut, jojoba or other herbs like cassia, indigo, Buxus dioica, beet powder, hibiscus flowers ,black walnut ,Amla, Apple cider vinegar, orange juice and others:

5. I am not to my knowledge allergic to any of these included ingredients.

6. Different manufacturers and suppliers have different color descriptions and the "same" product and color from suppliers may be slightly different, every henna batch is unique.

7. I understand and acknowledge that I should AVOID HENNA if I have G6PD deficiency **

Or have been advised to avoid Fava beans, a non-steroidal anti-inflammatory drugs or Quinine, or been extremely anemic, or have citrus allergies.

8. If I have any plant or chemical sensitivity I will let my stylist know:

I realize I should consult a physician before application if I have any concerns or been pregnant and I would like to use henna.

**G6PD Deficiency is a hereditary abnormality in the activity of an erythrocyte (red blood cell)Enzyme. This enzyme, glucose-6-phosphate dehydrogenase (G-6-PD), is essential for assuring a

Normal life span for red blood cells and for oxidizing processes.

This enzyme deficiency may provoke the sudden destruction of red blood cells and lead to hemolytic anemia with jaundice following the intake of Fava beans, certain legumes and various drugs.

[] I acknowledge that I have NO citrus allergies, or allergies to lemon juice, and essential Oils, and if so, that I should NOT use this product or ask my stylist for a possible substitute.

[] To my knowledge I have no medical or skin conditions such as but not limited to: acne, Scarring, eczema, psoriasis, moles, or sunburn in the area where henna is to be applied that may interfere with henna service. And if I do and I will insist to do henna, I will take full responsibility under my own risk to do the service and I will not found my stylist responsible to any unwanted result. INITIATLS _____

[] I acknowledge that it is not reasonably possible for the representative or owner of HAIR HOLISTIC/ to determine whether I might have an allergic reaction to the Pigments or ingredients used in my HENNA SERVICE, and I agree to accept the risk that such a reaction is possible.

[] I acknowledge that infection is always possible, particularly in the event of unseen allergic Reactions and / or I do not take proper care of HENNA.

[] I realize that variations in color and design may exist between any henna service as selected by me And as ultimately applied to my hair.

I understand that if my hair color is grey, the color May appear brighter on large gray areas.

CLIENT INITIALS _____

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I acknowledge that if my color is not even or I am transitioning from color treated hair, my henna result will not be perfect and I may have to go for corrective color transitioning like lowlites, etc.

Color corrections prices may vary and they are not included if the henna results are not what you expected. Initials _____

My provider has answered my questions satisfactorily. I accept the possible risks and complications of the treatment. Initials _____

• Photographs may be taken for comparison of future treatments for my medical chart. Initials _____

• I hereby grant permission to HAIR HOLISTIC representatives, to take and use: photographs and/or digital images of me for use in news releases and/or educational materials. These materials might include printed or electronic publications, Web sites or other electronic communications.

I further agree that my name and identity

(CIRCLE ONE) may or may not be revealed in descriptive text or commentary in connection with the image(s).

I authorize the use of these images without compensation to me. All negatives, prints, digital reproductions shall be HAIR HOLISTIC; I have read the above and understand it. Initials _____

SIGNATURE _____

PRINT NAME:

Date _____

[] I will choose to have a strand test before my service \$ 10 per strand

[] I DECLINE to have a strand test before my service

Sensitivity test

MARK WITH X

· [] I **DECLINE to** have a sensitivity test before my service and I know the risk that involves deciding not to perform the patch test.

· I acknowledge that infection is always possible, particularly in the event of allergic Reactions and / or IF I do not take proper care or seek medical attention.

· I acknowledge that IBANA VILLASENOR WILL NOT BE FINANTIALY RESPONSIBLE FOR ANYEXPENSE after an adverse reaction to the service.

SIGNATURE _____

PRINT NAME:

Date _____

· [] I **will** choose to have a sensitivity test before my service

Date _____

name _____

DO NOT WASH THE AREA FOR 48 HRS AND OBSERVE IT, CALL SALON TO REPORT THE RESULTS

· RIGTH ARM AND EAR / product USED:

Sensitivity test result after _____ hour's positive _____ Negative _____

· LEFT ARM AND EAR / product USED:

Sensitivity test result after _____ hour's positive _____ Negative _____

Notes: