

PERMISSION FORM FOR COSMETOLOGY SERVICES

Student's Name: _____

Please review the list of services below and initial all services that your son or daughter is permitted to receive. Please sign the release and have your child return this form to a Cosmetology teacher.

- Haircut _____
- Styling _____
- Permanent Wave _____
- Relaxer _____
- Waxing Services _____
- Facial Services _____
- Nail Services _____
- Conventional Haircolor _____
- Unconventional Color _____
- Highlighting _____

Note: An allergy test is required for all hair color services 24 hours prior to receiving color service.

I acknowledge that I am 18 years of age or older. I agree to hold North Montco Vocational-Technical School, trading as North Montco Technical Career Center, its board members, administrators, agents, employees, and students from any claims that could arise from any work or service performed in the Cosmetology Salon.

I acknowledge that the products intended to be used are products that are generally harmless and are customarily used in the salon, but by signing this waiver, I also understand that under certain circumstances due to the condition of my hair, these products could possibly cause damage. Understanding that, I nevertheless agree to waive and hold harmless the North Montco Vocational-Technical School, trading as North Montco Technical Career Center, its board members, administrators, agents, employees, and students from any claims arising from the work or service performed in the salon, which such hold harmless shall also include the payment of damages, attorney's fees and other costs. By signing this waiver, I understand the rights I am giving up but do so of my own free will and I acknowledge that the decision to sign this waiver was mine and mine alone.

Parent/Guardian Signature: _____ Date: _____