



Bear Necessities Spa Salon

Bear Necessities of Montpelier, LLC
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SPA SALON CONSENT OF SERVICE & RELEASE OF LIABILITY FORM

I, _____, (client) hereby voluntarily agree to accept the services noted below by any cosmetologist of Bear Necessities of Montpelier, LLC and Bear Necessities of Montpelier, LLC for the services to be performed. In agreeing to have such services performed, I am fully aware that there are potential risks involved in receiving these services, and in the use of cosmetology products and chemicals, including but not limited to possible allergic, chemical, or other adverse reactions which might cause injury, illness or even death. Being fully aware of such possible adverse consequences, I hereby assume all risk of such injury, illness, or death, and hereby release any cosmetologist of Bear Necessities of Montpelier, LLC and Bear Necessities of Montpelier, LLC from and against any and all liability for any harm, injury, illness, damage, claims, demands, actions, causes of action, costs and expenses of any nature that I might have or that may hereafter accrue to me, arising out of or related to any such injury, illness, illness or death that may be sustained by me as a result of the services provided by any cosmetologist of Bear Necessities of Montpelier, LLC or Bear Necessities of Montpelier, LLC.

Further, I affirmatively state that I have no illness or health condition which might be aggravated or otherwise adversely affected by the procedures I am obtaining from Bear Necessities of Montpelier, LLC or any cosmetologist working there. I am also aware that I may request to wear a protective chemical gown; however, this gown may not serve to completely protect me and/or my property.

I declare that I am over the age of eighteen and am competent to sign this CONSENT AND RELEASE OF LIABILITY FORM, and that I execut this document freely, knowingly and voluntarily.

- Hair Color ()
- Permanent Wave ()
- Chemical Service ()

Products Used: _____

Signature: _____ Date: _____

Parent/Guardian Signature (if party is a minor): _____ Date: _____

Witnessed by: _____