



Bear Necessities of Montpelier, LLC

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Client Information & Salon Consent Form

Bio Energetic Testing/Sensitivity Screening/Nutritional Consultations

Please print clearly and fill in ALL that is applicable. Information is kept confidential.

Full Name: _____ **Email Address:** _____

Street Address: _____ **P.O. Box:** _____

Town/Community: _____ **Zip Code:** _____

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

Age: _____ **Birthday:** _____ **Spouse's Name:** _____

How did you hear about our business? (Please circle all that apply)

Friend

Family Member

Advertisement

Website

Facebook

Other

I, the undersigned, hereby voluntarily agree to accept the services and terms noted below by any cosmetologist working at Bear Necessities of Montpelier, LLC and Bear Necessities of Montpelier, LLC for the services performed. In agreeing to have such services performed, I am fully aware that there are potential risks involved in receiving any salon service and in the use of cosmetology products and chemicals including but not limited to possible allergic, chemical, or other adverse reaction which might cause illness, injury, discomfort, or even death. I, the undersigned, hereby release Bear Necessities of Montpelier, LLC and any cosmetologist working there of any and all liability for any harm, injury, illness, damage, claims, discomfort, demands, action, causes of action. As well as costs/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 or death that may be sustained by me as a result of the services provided by an 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 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 competent to sign this consent and release of liability form and that I execute this document freely, knowingly, and voluntarily. I understand this form will apply to ALL visits and ALL services provided by Bear Necessities of Montpelier, LLC and employed cosmetologists.

Client Signature: _____ **Date:** _____

Signature of parent/guardian if client is a minor: _____ **Date:** _____

Witnessed by: _____ **Date:** _____