MESH / MESHLESS INTEGRATION INSTALLATION

Client Release & Waiver

This is a high-maintenance luxury service designed for clients committed to consistent, proper care.

1 Client identification & emergency information

This section records the client's identity and the safety information essential to providing the service and managing risk. All fields must be completed before any consultation or application begins. Information is kept confidential except where disclosure is required by law or needed for immediate health and safety reasons.

Full legal name

Preferred name

Pronouns (optional)

Date of birth

Cell phone

Email

Mailing address

City / State / ZIP

Emergency contact

Relationship

Emergency phone

Medical alerts the stylist should know right away:

- ☐ None known
- ☐ Adhesive / glue allergy
- ☐ Metal or silicone allergy
- ☐ Skin conditions affecting the scalp
- ☐ History of fainting or migraines
- ☐ Other

Current health conditions that could affect today's service:

Preferred contact for reminders and aftercare:

- ☐ Text
- ☐ Email
- ☐ Call

Best time to reach you

Client confirms the information above is correct and will update it if anything changes before the service.

2 Service details & extension type

Service date

Texture to match

Extension length & color

Extension method:

☐ Mesh Integration ☐ Meshless Integration ☐ Partial Mesh ☐ Other

Hair source:

☐ Client-provided ☐ Salon-provided

Placement goals:

☐ Full head ☐ Partial fill ☐ Volume only ☐ Length & volume

Natural hair condition: length

Density:

☐ Fine ☐ Medium ☐ Coarse

Recent chemical services

Scalp health:

☐ Healthy ☐ Dry ☐ Oily ☐ Sensitive ☐ Other

Lifestyle:

☐ Frequent swimming ☐ Intense exercise ☐ Regular heat styling
☐ Nighttime protective routine ☐ None of these

Product or material allergies / sensitivities

Client confirms she has been informed of the extension method, placement strategy and related aftercare. This section serves as a reference for planning the application and future maintenance appointments. Client understands this method carries risks such as tension sensitivity, scalp irritation, shedding, breakage, discomfort during wear, slippage if maintenance is not followed, and possible traction damage if not properly maintained.

3 Assumption of risk & release of liability

Client understands that hair extension installation is a cosmetic service that attaches additional hair to the natural hair using professional techniques and products. While every effort will be made to ensure a safe and satisfying result, there are risks inherent to this procedure. These risks may include, but are not limited to, scalp irritation, allergic reactions to adhesives or materials, tension headaches, damage or breakage of the natural hair, and premature loss of extensions. Client acknowledges that results vary based on natural hair type, lifestyle and aftercare.

4 Pre-existing hair & scalp conditions

Client confirms she has provided complete and truthful information about her hair and scalp health before the installation begins. This includes any history of alopecia, thinning, scalp irritation, psoriasis, eczema, fungal infections, chemical damage, or allergic reactions to hair products. The stylist has relied on this information to determine whether the chosen extension method is appropriate and to take any additional precautions needed for the client's safety and comfort.

Client understands that failing to disclose relevant health or hair history may lead to complications such as breakage, scalp sensitivity, allergic reactions or accelerated loss of extensions. The stylist is not responsible for damage or dissatisfaction resulting from undisclosed conditions. Where appropriate, the stylist may recommend the client consult a physician before proceeding.

5 Care & maintenance responsibilities

Client acknowledges that proper care is essential to the long-term success of her extension installation. The stylist has provided clear, detailed care instructions, verbally and/or in writing. These may include, but are not limited to, recommended washing techniques, suitable styling products, heat-tool temperatures, detangling methods, and nighttime protection such as silk pillowcases or braiding before bed.

Client agrees to maintain the system every four to six weeks and keep recommended realignment appointments. Failing to maintain the system can cause matting, breakage or damage to the natural hair. Any neglected system will require additional paid services. Client confirms she has received and reviewed the attached care and maintenance instructions.

6 Color matching & styling limitations

Client understands that although the stylist will do everything possible for the system to blend seamlessly with her natural hair, an exact match may not be achievable due to variations in lighting, hair porosity and previous chemical treatments. Even extensions of a specific shade may look slightly different once installed or styled.

Client also acknowledges that certain updos, ponytails or high-tension styles may not be possible or advisable depending on the extension method used. In those cases, the stylist will recommend suitable alternatives that protect the health of both the natural hair and the extensions. Client accepts that the final result depends on her individual hair characteristics and agrees to trust the stylist's professional judgment.

7 No guarantee of longevity or specific results

Client understands that extension longevity depends on many factors, including natural hair growth rate, personal care routine, exposure to heat or chemicals, and overall lifestyle. Although the stylist will use professional techniques and high-quality materials, no specific wear time or particular style can be guaranteed.

Client accepts that, even with proper care, extensions and closures may shed, loosen or need maintenance sooner than expected. Environmental factors such as humidity, water quality and UV exposure may also affect results. The stylist commits to giving honest guidance on realistic expectations and will offer maintenance appointments or product recommendations to help maximize the life of the installation.

8 Acknowledgment & signature

By signing below, client confirms she has read and understands this Release & Waiver of Liability for Hair Extension Installation. She acknowledges that the possible risks, limitations and maintenance requirements have been explained to her in detail, and she voluntarily agrees to proceed with the service. All services and hair purchases are final sale. Due to the customized nature of the service and hygiene standards, no refunds will be given. Any adjustment or correction will be charged unless it is due to stylist error.

Client name (print)

Client signature

Date

Stylist name

Stylist signature

Date