**COLOR CONSENT AND WAIVER**

 I am aware and understand that receiving any hair color service can, in some individuals, cause an allergic reaction. I fully understand that this reaction can occur at any time even if I have received this service on previous occasions. I further understand that it is NOVA’s, policy to perform a skin patch test twenty-four hours prior to all color services. I also understand that a negative skin patch test does not mean that a reaction will not still occur. I understand these risks and if I have any concerns I will seek medical advice prior to any color service.

Further, I grant its employees and representatives, permission to color my hair and not hold them responsible for any and all adverse health reactions from this service.

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STYLIST:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I ACCEPT A PATCH TEST: \_\_\_\_\_\_\_\_\_\_

I REFUSE A PATCHTEST: \_\_\_\_\_\_\_\_\_\_

PATCH TEST RESULT:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CLIENT SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WITNESSED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_