

PARENTAL HAIRCOLOR CONSENT FORM

l,	arent/guardian name printed,) consent and agree to the following	5
related to my minor (under 18) chi	, (child name printed.)	
"I understand that Geno Levi Salor	refers that parents/guardians of minors under the age of 18	
participate in all haircolor consulta	ons with their child and stylist at their salon appointment."	

"In my absence, I give permission to my minor child to discuss and determine what color processes will be performed and agree to payment in full for those processes. I agree that multiple processes may be necessary to achieve the result my minor child is requesting, and agree to pay for all services performed, whether in the first visit or over multiple visits if necessary to achieve my child's desired result."

Parent/Guardian Signature

Parent/Guardian Contact Information for any questions or clarifications:

Parent/Guardian Name (printed)

Parent/Guardian Cell Number

RULES and INSTRUCTIONS:

This signed form must accompany any minor child under the age of 18 to their haircolor appointment at Geno Levi Salon in the absence of their parent/guardian's presence during the consultation and color process with their stylist.

Date