

COLOR CORRECTION

Date: _____

Client: _____

Stylist: _____

Current Starting Level and Color History:

Stylist (Please take images **before** service of back/sides/top of hair).

Intended End Result:

Stylist (Please take images **after** service of back/sides/top of hair).

I, _____ understand that my hair service is a color correction procedure. Based on my hair history, I understand that the health of my hair may be compromised due to many factors, including, but not limited to box dye, non-professional grade hair care products, an unlicensed person and/or another licensed stylist's decision, and it may take multiple appointments to achieve my end goal. Based on the performance of my hair through these services, I also understand that the stylist and/or Escape Hair Salon, Inc. may decide that it is not possible to achieve my color goal. In this situation, the stylist and/or Escape Hair Salon, Inc. will consult with me to create a secondary plan of action. **However, all costs of the services performed are my responsibility. All color correction services are charged in 15-minute increments at a minimum of \$100.00/hr.**

Client Signature: _____ Date: _____

Stylist Signature: _____ Date: _____