

Davidson-Taylor salon & day spa

Mr/Mrs/Ms: _____ Phone: _____

Address: _____ City: _____ St: _____ Zip: _____

Email: _____ Birthday: _____

Occupation: _____ Company Name: _____

Work Phone: _____ Email: _____

Prescription Medication: _____ Allergies: _____

How did you find out about us? Phone Book: _____ Referred By: _____ Other: _____

Have you ever had an allergic reaction or skin irritation from a product? Yes: _____ No: _____

Explain: _____

By signing this agreement, I, _____, release Davidson Taylor Salon and Spa and all associated parties from any damages, not restricted to but including allergic reactions, skin damage or internal reactions of any kind, incurred during services performed.

Signature: _____ Date: _____

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