



Simple Wellness

519 N. Charles St.
Lower Level
Baltimore, MD 21201

Patch Test Agreement/Waiver

It is suggested and encouraged to have a patch test of the product(s) being used in my coloring, lifting (bleaching), tinting service(s) and/or any other service where this process is suggested. This includes products used, offered, and/or provided by Simple Wellness Day Spa (SWDS) and any preferred products(s) brought in by client to be used on him/herself.

I, _____, hereby accept the patch test for the agreed service, on the designated hair on the suggested part of my body. I choose to have a SWDS Stylist perform the service(s) with a patch test being done no less than 24 hours before I wish to receive my service. I understand that the patch test will be administered either on my inner elbow or behind my ear and the lifting (bleaching) test will be done on a small section in the back of my hair.

I, _____, hereby waive the 24-48 hour patch test for the agreed service on the suggested area. I choose to have a Simple Wellness Day Spa Stylist perform the service without a patch test, knowingly and well aware that I could have a reaction that may require treatment by a health care professional or even hospitalization.

I do not and will not hold Simple Wellness Day Spa, nor any Stylist of SWDS legally liable or responsible for any internal or external outcome (including damages to my physical body and personal belongings) that may happen as a result of me receiving or waiving the patch test. Nor will I seek any monetary or disciplinary actions, as a result of my decision.

Printed Name _____

Signature _____

Date _____