



PATCH TEST WAIVER/CONSENT FORM

I the undersigned have been offered the opportunity to have a patch test of the products being used but have decided to go ahead with the following treatment WITHOUT the patch test. I accept full responsibility for any reaction which might occur.

Treatment/Service: _____

Date:

Client signature:

Client name:

_____ YES to a patch test

I have received a patch test on the date below. The patch test has been received and releases Marcilene Reeder from Marcilene Beauty Studio from any liability related to any allergies or other reaction related service_____. I understand that even though I have had a patch test, a reaction to the tested products can still occur at any time and in future treatments. I understand that this is no fault of Marcilene Beauty Studio.

Date:

Client signature:

Client name: