

nasitra & co.

by Nina Perez

BRIDAL HAIR

contract form

CLIENT INFORMATION:

Brides Name:

Wedding date:

Address:

Phone:

Email:

Location:

Hairstylist Start time:

Ready by:

SERVICE PRICING

Clients to be served:

Price:

Bride:

Bridesmaids:

1.

2.

3.

4.

5.

6.

Mothers:

1.

2.

Travel Fee:

Additional Services:

Total:

Deposit:

Balance Due:

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Services Provided

The stylist agrees to provide the following services:

- Bridal hairstyle consultation
- Bridal hairstyle trial
- Bridal hairstyle on the day of wedding
- Hairstyling for agreed members of party

The Hairstylist shall use their professional expertise and skills to provide high-quality hairstyle services to the client.

Payment Terms

The client agrees to pay the stylist the total amount for the hairstyle services provided. A non-refundable deposit of 20% of all services is required to secure the stylist's services. The deposit shall be paid by the client to the stylist upon signing contract. The remaining balance shall be paid by the client to the stylist on or before the day of the event.

In the event of cancellation by the client, the deposit shall not be refunded to the client. The stylist's fees include the provision of products, tools, and equipment necessary for the services.

.....
Client Printed Name

.....
Clients Signature

.....
Date

.....
Hairstylist Name

.....
Hairstylist Signature

.....
Date

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BRIDAL HAIR *consent form*

I

the undersigned client, hereby confirm that the information provided in this Client Intake Form is accurate and complete to the best of my knowledge. I understand that it is my responsibility to inform the hairstylist of any changes or updates to this information prior to the stylist services.

_____ I acknowledge that the stylist will exercise their professional judgment and expertise in providing the Hairstylist services. I understand that the outcome of the hairstyle application may vary based on individual factors such as hair thickness, hair length, and hair condition.

_____ I agree to follow any instructions or aftercare recommendations provided by the stylist to ensure the longevity and quality of the hairstyle.

_____ I release the stylist from any liability for any adverse reactions, injuries, or damages that may occur as a result of the Hairstylist services, provided that the stylist has followed industry-standard practices and used reasonable care.

_____ I agree to arrive at the designated preparation venue or location at the scheduled time agreed upon with the Hairstylist.

_____ I understand that any delays or changes to the agreed-upon start time may impact the completion of the hairstylist services.

_____ I give my consent for the Hairstylist to take photographs or videos of the hairstylist services for promotional purposes, unless otherwise agreed upon in writing.

_____ I acknowledge that the stylist will exercise their professional judgment and expertise in providing the services. I understand that the outcome may vary based on individual factors such as hair condition, hair length, and hair thickness.

_____ I understand that factors such as weather conditions, the longevity of the chosen hairstyle, and personal hair condition may impact the final appearance the day after the wedding. While the stylist will make every effort to ensure the longevity of the hairstyle, I acknowledge that certain adjustments may be needed, and the result may vary from the immediate post-wedding look.

.....
Client Printed Name

.....
Clients Signature

.....
Date

.....
Hairstylist Name

.....
Hairstylist Signature

.....
Date

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PHOTO & VIDEO *Release form*

Name:

Date:

Date of birth:

Age:

Phone:

Email:

I hereby grant permission to the rights of my image, likeness and sound of my voice as recorded on audio or video tape without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears.

Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

Photographic, audio or video recordings may be used for the following purposes: • conference presentations, educational presentations or courses, informational presentations, on-line educational courses, educational videos.

By signing this release I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the Internet or in the public educational setting.

I will be consulted about the use of the photographs or video recording for any purpose other than those listed above.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

This release applies to photographic, audio or video recordings collected as part of the sessions listed on this document only.

By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for educational purposes.

Client Printed Name

Clients Signature

Date