Release Form

_____ has explained that the service or services I am
           (Tech's full name)

requesting may include potential risks, such as allergic, chemical, or other adverse reactions, which
might cause discomfort, illness, or injury.

Details of the service requested

I, _____, the undersigned, voluntarily release
_____ of any and all liability for any harm, injury, illness, damage, claims,
           (Tech's full name)

discomfort, demands, action, and causes of action. I agree to the service and will not hold
_____ or _____ responsible for any undesirable
       (Tech's full name)   (Name of business)

outcomes.

Client Signature _____ Date _____

Tech Signature _____ Date _____