



CLIENT #

WAIVER

I _____, do hereby acknowledge that I am fully aware that Delgado Community College's
(Print First and Last Name)

Cosmetology and Barbering Departments are comprised of students who are NOT professionals but are in the process of being trained. I agree that I will in no way hold Delgado Community College, its proprietors, officers or agents, faculty, staff or students liable or accountable for any injury or damage that may occur to me as a result of work performed on me at Delgado Community College and I give up the right to sue the above named parties. **All services must be paid for before rendered and are non-refundable.** I have carefully read this agreement and fully understand that it is a release of liability. I sign this release of my own free will.

Signature _____

Date _____

CLIENT INFORMATION

Email Address		Phone	
Mailing Address		City, State	Zip
New Guest? Yes <input type="checkbox"/> No <input type="checkbox"/>	If new, how did you hear about us?		

✓	BARBERING SERVICE
	\$8 Razor Arch
	\$15 Haircut – includes lining and shave
	\$20 Haircut w/ Design
TOTAL	\$

✓	PAYMENT METHOD	
	Credit Card	<input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> DISC <input type="checkbox"/> MC
	Money Order	#
	Check	#

BARBERSHOP MANAGER OR INSTRUCTOR USE ONLY

SERVICE	SERVICE	SERVICE	SERVICE
ASSIGNED TO	ASSIGNED TO	ASSIGNED TO	ASSIGNED TO
COMPLETE? Yes No	COMPLETE? Yes No	COMPLETE? Yes No	COMPLETE? Yes No