

■ Dripology Cuts

Professional Mobile Barber Services

Email: Jscott2659@gmail.com | Phone: 870-635-4895

Service Waiver & Consent Form

Client Name: _____

Date: _____

Facility/Location: _____

1. Consent for Services

I hereby consent to receive barbering and grooming services provided by Dripology Cuts. I understand that all services are performed by a licensed professional following sanitation and hygiene standards.

2. Health and Safety Disclosure

I confirm that I do not have any contagious conditions, open wounds, or other health concerns that may interfere with the service. I release Dripology Cuts and its representatives from liability for any adverse reactions or complications resulting from disclosed or undisclosed conditions.

3. Facility and Environment Compliance

I acknowledge that Dripology Cuts follows all facility, institutional, and state grooming guidelines. I agree to respect all safety protocols during the service and understand that the Service Provider maintains the right to refuse service if conditions are unsafe or noncompliant.

4. Liability Release

I understand that barbering involves the use of sharp tools and electrical equipment. By signing below, I release Dripology Cuts, its employees, and contractors from any responsibility for injury, infection, or damages arising from the normal course of professional grooming services.

5. Acknowledgment

I have read and fully understand this waiver and consent form. I am signing voluntarily and acknowledge that I am of legal age or authorized to sign on behalf of the facility or client.

Client/Facility Representative Signature: _____

Date: _____

Dripology Cuts Representative Signature: _____

Date: _____