

Nails
***Salon ! We are independently
owned and are not responsible
for any services rendered at other
locations.***

* By signing below, you, the **CLIENT**, understand that you are responsible for informing your technician PRIOR to your services of any health conditions such as diabete, pregnancy, infectious disease allergies etc...

* _____
Nails Salon reserves the right to deny service to any client due to a health condition he or she has that may pose a health risk to themselves, technician or other clients.

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<i>No</i>	<i>PRINT Name</i>	<i>SIGN Name</i>	<i>Service</i>	<i>Time in/out</i>	<i>Technician</i>
1					
2					
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