

## Keene Beauty Academy Birthday Party Release Form

I \_\_\_\_\_, do hereby acknowledge that I am fully aware that Keene Beauty Academy is a school for beauty culture, cosmetology, and esthetics, and that the operators in this school are not professionals, but in the process of being trained as skilled operators. For this reason, a reduction in the prices customarily charged is being made for the services offered. Therefore, in consideration of the reduction in price given in this work, it is agreed and understood that I will in no way hold the above named school, its proprietors, officers or agents, or any of its operators liable or accountable for any injury or damage that may occur to me as a result of work performed on me in this school. I agree to give up my right to sue the student, the school, or school staff. 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.

Date \_\_\_\_\_ Child's Name \_\_\_\_\_

Who's Party \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_

THE PROPRIETOR IS NOT RESPONSIBLE FOR HATS, COATS, OR PERSONAL PROPERTY.



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