

Color(+blowdry)/Chemicals		Cuts and Styles (Shampoo Included)	
Permanent Wave	\$25.00 and up*	Men's Hair Cut	\$8.00
Chemical Relaxer	\$20.00 and up*	Women's Hair Cut and Blow-dry	\$10.00
T-Zone Foil Highlighting	\$25.00*	Shampoo and Blow Dry	\$7.00
Half Head Foil Highlights	\$35.00*	Shampoo Wrap Style Finish	\$15.00
Full Head Foil Highlights	\$45.00*	Curling Iron/Flat Iron Style	\$10.00
Toner	\$5.00	Wet Set & Finish	\$10.00
Lowlights	\$20.00	Upstyle	\$10.00 and up
Lowlight in addition to Highlights	\$5.00	Braid Style (French Braid)	\$5.00
Cap Highliting	\$20.00*	Corn Rows Full Head (10 braids Max)	\$10.00
Bleach Retouch	\$20	4 Step Conditioner Treatment	\$5.00
Ombre (bleach)	\$30.00	Nails and Facials	
Block Bleaching	\$10.00	Manicure	\$10.00
Hair Color Retouch	\$15.00 and up*	Gel Nails	\$15.00
Full Color (1" or more newgrowth)	\$20.00 and up*	Pedicure	\$15.00
Glazing	\$15.00	Brow/Tweezing/Lip/Chin Wax	\$4.00 (each area)
Fashion Colors 1/2 Tube	\$5.00	Spa Facial	\$15.00
Fashion Colors Full Tube	\$10.00	Enzyme Peel Add On	\$3.00
Color removal	\$20.00*	Makeup	\$10.00
Extra Product	\$5.00	Miscellaneous	
		Gift Card	
		20% Discount for Senior Citizen	
		Retail	

Cash Check Credit **Total:**

**Prices based on length and thickness of hair. Consultation required for exact Price*

_____, acknowledge and agree that the San Jacinto Community College District ("College") Cosmetology program ("Program") is providing cosmetology and salon services ("Services") to me as identified on this Fee Statement as a learning experience for College students enrolled in the Program.

In exchange for the College's provision of Services to me for the fees stated above, I hereby RELEASE, INDEMNIFY, AND HOLD HARMLESS, THE COLLEGE AND ITS TRUSTEES, EMPLOYEES, AND AGENTS (COLLECTIVELY "INDEMNITEES") FROM AND AGAINST ANY AND ALL LOSSES, LIABILITIES, DAMAGES, CLAIMS, DEMANDS, AND CAUSES OF ACTION, INCLUDING COSTS AND ATTORNEYS' FEES, REGARDLESS OF NATURE OR CHARACTER OF OR THE CAUSE OF ANY LOSS, LIABILITY, DAMAGES, OR CLAIMS (COLLECTIVELY, "CLAIMS") AND WAIVE ANY RIGHT TO INSTITUTE ANY ACTION OR SUIT IN CONNECTION WITH SUCH CLAIMS THAT HAVE OR COULD HAVE ARISEN OR MAY ARISE IN THE FUTURE IN CONNECTION WITH THE PROVISION OR RECEIPT OF SERVICES AND/OR MY PARTICIPATION IN THE PROGRAM, INCLUDING, WITHOUT LIMITATION THE FAILURE TO CONDUCT PRE-SERVICES TESTING, THE FAILURE TO PROVIDE SATISFACTORY SERVICES, OR ANY OTHER ACT OR OMISSION OF ANY INDEMNITEE. I FURTHER VOLUNTARILY AGREE TO INDEMNIFY AND DEFEND THE INDEMNITEES AGAINST ANY AND ALL CLAIMS ASSERTED BY ANY FAMILY MEMBER OR PERSON WITH SIMILAR INTERESTS OR RIGHTS THAT MAY BE BROUGHT ON ACCOUNT OF MY PARTICIPATION IN THE PROGRAM OR RECEIPT OF SERVICES.

By signing below, I acknowledge that I have read all of the terms and conditions of this Fee Statement and understand and agree to such; that I agree to the foregoing release and indemnification; that my participation and acceptance of Services is voluntary and not coerced; that the fees for Services are substantially reduced due to the nature of the Program; that the records of Services provided are not confidential and that the College maintains these records in accordance with applicable law; and that but for my agreement to waive, release, and indemnify the Indemnities from and against any Claims, which is a material inducement, the College would not provide such Services.

Signature _____ Printed Name: _____

Teacher _____ Date: _____