



FEE STATEMENT

No: _____

Color(+blow-dry)/Chemicals			Cuts and Styles (Shampoo Included)	
Permanent Wave	\$25.00 & up		Clipper Hair Cut	\$10.00
Chemical Relaxer	\$25.00 & up		Women's Hair Cut and Blow-dry	\$10.00
Smoothing Treatment	\$50.00 & up		Shampoo and Blow Dry	\$10.00
Partial Highlights	\$20.00 & up		Curling Iron/Flat Iron Style	\$10.00
Full Head Highlights	\$35.00 & up		Wet Set & Finish	\$10.00
Ombre	\$35.00 & up		Up style	\$20.00 & up
Full Head Bleach	\$40.00 & up		Braid Style (French Braid)	\$5.00
Bleach Retouch	\$30.00 & up		Corn Rows Full Head (10 braids Max)	\$10 - 50.00
Toner/ Glaze	\$10.00		Deep Conditioner Treatment	\$5.00
Hair Color Retouch	\$25.00 & up		Nails	
All Over Color	\$30.00 & up		Manicure	\$10.00
			Spa Manicure	\$15.00
Extra Product	\$5.00		Pedicure	\$15.00
			Spa Pedicure	\$20.00
Miscellaneous			Gel Polish	\$15.00
Other			Gel Polish Removal	\$10.00
Retail			Artificial Nails	\$35.00

Credit

Total: _____

Cosmetology Services only for 18 years and up. No Children allowed in the SPA!
Client Services may vary between South and North Campus.

I _____, acknowledge and agree that the San Jacinto Community College District ("College") Cosmetology program ("Program") is providing 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 TRUSTEES, EMPLOYEES, AND AGENTS (COLLECTIVELY "INDEMNITEES") FROM AND AGAINST ANY AND ALL LOSSES, LIABILITIES, DAMAGE DEMANDS, AND CAUSES OF ACTION, INCLUDING COSTS AND ATTORNEYS' FEES, REGARDLESS OF NATURE OR CHARACTER OF OR THE CAUSE LOSS, LIABILITY, DAMAGES, OR CLAIMS (COLLECTIVELY, "CLAIMS") AND WAIVE ANY RIGHT TO INSTITUTE ANY ACTION OR SUIT IN CONN WITH SUCH CLAIMS THAT HAVE OR COULD HAVE ARISEN OR MAY ARISE IN THE FUTURE IN CONNECTION WITH THE PROVISION OR RECEIP SERVICES AND/OR MY PARTICIPATION IN THE PROGRAM, INCLUDING, WITHOUT LIMITATION THE FAILURE TO CONDUCT PRE-SERVICES TES FAILURE TO PROVIDE SATISFACTORY SERVICES, OR ANY OTHER ACT OR OMISSION OF ANY INDEMNITEE. I FURTHER VOLUNTARILY AGREE INDEMNIFY AND DEFEND THE INDEMNITEES AGAINST ANY AND ALL CLAIMS ASSERTED BY ANY FAMILY MEMBER OR PERSON WITH SIMIL 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 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 c 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 agreem 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: _____