

MK Treatment Acknowledgement Agreement

MK PROFESSIONAL creates Hair Treatments as an advanced hair repair and healthy alternative to chemical smoothing systems. Formulated to restore the damaged hair cortex and the hair cuticle bringing your hair back to life. Made **without** Harsh Chemicals or Formaldehyde.

Please initial Below:

_____ I understand that my MK treatment is not a hair straightener or a relaxer. The treatment will reduce frizz, repair damages and soften the curl in a natural way.

_____ I understand that Mk Hair Treatments results vary depending on hair texture/density.

_____ My stylist has explained to me the process for my hair type, texture, condition and desired results.

_____ I have **provided all information** regarding *previous* treatments to my hair and/or color services, products that may or may not affect the outcome of my service.

_____ This product is expected to lighten the colored hair because the product **does not** contain formaldehyde like most other hair treatments and the low pH of the mixture. It is recommended to refrain at least 48-72 hours prior to doing any coloring to get the full benefits of the treatment and coloring.

_____ I understand that if the hair is very porous and/or too damaged, this can alter the final results.

_____ As with any product used in the salon, some people may be sensitive to the ingredients used in the formula. A patch test is always recommended. In particular when a client is known to have other sensitivities to ingredients, products or foods. In order to conduct a patch test, a small amount of the product is placed on the inside of your wrist or ear for **48 hrs**. If you should experience burning, prickly, redness or other temporary discoloration of the skin after applying, that is an indication that the product is not suitable for your skin.

Note: Slight sensitivity and temporary itchiness is normal during the application due to the low pH of the mixture used.

I will perform a patch test before service _____.

I prefer not to do a patch test before service _____.

Please list any allergies:

I understand this form and have answered each question truthfully. I understand withholding any information from my hair stylist may result in contraindications or irritation from the MK treatment received. The hair treatments I receive at this Salon are voluntary and I release this Salon from liability and assume full responsibility thereof.

Signature: _____ Date: _____