



A Hair Loss Solution Trichology Clinic

(A Jarmstead Unlimited Corporation located at *Body, Soul and Spirit Salon)

Post Office Box 34190 - 222 Leland Avenue - San Francisco, California 94134

415.333.7261 (local/fax) or 877.374.5152 (toll-free)

www.AHairLossSolution.com or www.BodySoulAndSpiritSalon.com

Trichology Hair Analysis & Consultation Release Statement/Terms & Conditions/Disclaimer

- Our services do not diagnose or prescribe for disease conditions. All clients are encouraged to seek competent medical help when those services are deemed necessary. Each client accepts total responsibility for his/her own health care and maintenance.
- Nothing said, done, performed, typed, printed, or produced by us is intended, meant to diagnose, prescribe, treat a disease or make any attempt to cure any disease condition, and we make no claims or imply any claims that suggestions given to the client are to cure any condition. Furthermore, we do not claim that any supplemental material we may suggest will cure any condition or that its purpose is to treat any condition. We do not prescribe for or treat any disease.
- Hair analysis interpretation and recommendations are not intended to replace current healthcare diagnoses or medical treatment. We encourage you to make your own health care decisions based upon your research and in partnership with a qualified health care professional or licensed physician. Nutritional research assessments and suggestions are intended only for the support and maintenance of optimal health and do not involve diagnosing, prognosticating or prescribing of food supplements or remedies for the treatment of disease conditions.
- A variety of non-invasive research methods, modalities and programs may be used: enzyme research, pH testing (urine and saliva), laboratory hair analysis for essential elements and toxic elements and/or polarized microscopic hair analysis testing.
- By purchasing a hair analysis, you agree to the terms of this agreement: No other agreements, covenants, representations or warranties, expressed or implied oral or written, have been made by A Hair Loss Solution Trichology Clinic or anyone in connection with the use of this program.
- In consideration for the use of A Hair Loss Solution Trichology Clinic's program, I hereby release its successors, administrators, lessors, associates and assigns, from any and all claims, demands, damages, actions or cause of actions, or suits in law or equity of any kind or nature whatsoever, in connection with the use of this program.
- I will give notice to A Hair Loss Solution should I become pregnant or if there is a possibility that I could be pregnant. I will inform A Hair Loss Solution Trichology Clinic of medications I am currently using and of any heart, liver, kidney or other disease, etc.
- All clients' personal information will be treated with the strictest confidentiality and no records or personal information will be released to anyone without written authorization.
- **Payment in full** for the hair analysis is due before lab testing. Refunds are only issued prior to samples being sent to the lab. **Once the hair is received and sent to the lab, you cannot receive a refund.** If for any reason you decide you do not want to send your hair after you have sent payment, then you are refunded 100% of your money. Contact us for more information.
- The U.S. Food & Drug Administration has not evaluated statements about product(s) efficacy. Again, our work is not intended to diagnose, treat or cure any disease. A Hair Loss Solution Trichology Clinic is not a medical facility and staff members or trichologist are not medical doctors and have made no representations to that effect.

▶ I have read all of the above, fully understand, and completely agree with its legal effects. I consent to participating with A Hair Loss Solution Trichology Clinic freely and voluntarily by purchasing a consultation, the hair analysis and/or any attached services within the framework stated above.

Date _____ Client's Signature _____ Print Name _____

A Hair Loss Solution Consultant's Signature _____ Date _____