

# The Regal Hair Lounge

Est. 2016

Proprietor: Jammie Ash

ABN 86 637 018 253

3 -118 Main St, Mittagong, NSW 2575  
02 4872 2878

info@thehairloungeandco.com.au

## Booking Form

### Workshop and Birthday Agreement and Liability Waiver

Workshop Title \_\_\_\_\_

Workshop Date \_\_\_/\_\_\_/\_\_\_

Workshop Time \_\_\_\_\_

Or

Birthday Persons Name \_\_\_\_\_

Date of Birthday \_\_\_ / \_\_\_ / \_\_\_

Party Time \_\_\_\_\_

Number of Guests \_\_\_\_\_

### PERSONAL INFORMATION

Participants Name \_\_\_\_\_

(Parent and Child)

Home Phone Number \_\_\_\_\_

Mobile Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

### PAYMENT DETAILS

Workshop Total Cost \_\_\_\_\_ (\$60.00 per booking)

Birthday Party Deposit \_\_\_\_\_ (\$100.00 per booking)

Payment for the workshops can be made via credit card over the phone or by coming into the salon where we can accept EFT and cash. Alternatively, you can deposit the payment into our bank account, please use your surname as a reference

Bank Account details: The Regal Hair Lounge

BSB: 112-879

Account: 476065475

Once we have received your payment we will forward you a confirmation of your booking.

**PLEASE NOTE:** There needs to be a minimum of 4 participants – 4 dads with 4 daughters for the workshop to go ahead or we will reschedule. You will be given 24 – 48 hours’ notice given

I, the undersigned, do hereby submit my application for attendance and participation in the above Regal Hair Lounge one-day workshop and/or birthday party. I fully understand that through the activities performed in the workshop are inherently safe and when performed properly injuries are rare, there are physical activities involved, and as such, participation includes minimum risk of injury.

I hereby assume full responsibility for any damages, injuries, or losses to myself or to my property that I may sustain or incur, if any, travelling to/from and attending or participating. I agree to hold harmless and waive my right to all claims against the instructors and The Regal Hair Lounge individually or otherwise.

I fully understand that any medical treatment given in connection with the event will be of first aid only. I consent that any photos taken, video or other, of me in connection with this event can be used for publicity or promotion, and I waive compensation in regard thereto. I understand the promoter reserves the right to refuse acceptance of my application.

I understand that the fee for the workshop and/or birthday party has to be paid in full 7 days prior to the beginning of the workshop and/or birthday party and if fees are not paid, or this waiver not signed, I will be excluded from participating. I further understand that fees will not be refunded if I cannot attend for any reason but fees will be held in abeyance for attendance at the next available workshop and/or birthday party. Date changes must be made at least 48 hours before workshop date to be able to fill spot, REFUND ONLY IF workshop date needs to be CANCELED and if it cannot be rescheduled.

I have read and fully understand the above agreement waiver.

Signature of participant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name \_\_\_\_\_

Above all please have fun, this is going to be not only an informative fun learning experience, and bonding session, I’m hoping it’s going to be a big help to you at Home