

# Consent form

Nails

Business name

---

## CLIENT DETAILS

Full name

Phone number

Email

Date of birth

## I CONFIRM THAT

- ☐ I have told the technician about allergies, skin conditions or nail problems.
- ☐ I understand that removing gel or acrylic incorrectly at home can damage the natural nail.
- ☐ I have received and understood the aftercare advice.

I agree that photos of the result may be taken for my record: ☐ Yes ☐ No

I agree that the business keeps the information in this form to provide the service and for as long as the law requires. I can ask to see, correct or delete my data at any time.

Client signature

Specialist signature

Date