



Client's Name (Please Print): _____

Tel. No.: _____

Email address: _____

County/Zip Code: _____

Emergency Contact Name/Tel. No.: _____

Emergency Contact Name/Tel. No.: _____

Services Requesting (nails/hair/facials): _____

I understand if any of the situations occur listed below, it will be grounds for immediate dismissal:

- Registering for Self-Care Saturdays I understand this program is in place for those that are less fortunate, if it is brought to the corporation's attention that I am not less fortunate (Making more than \$30,000+ a year), I understand I will be disqualified to use Self Care Saturdays.
- Willful violation of security or safety rules; negligence or any careless action, which endangers the life or safety of a volunteer or anyone on the premises when they are present.
- Being intoxicated or under the influence of controlled substance drugs while being a client; use or possession or sale of controlled substance drugs in any quantity, except medications prescribed by a physician, which do not impair my behavior as a client.
- Unauthorized possession of firearms, weapons, or explosives on program property.
- Engaging in criminal conduct or acts of violence, or making threats of violence toward anyone, fighting, or provoking a fight or negligent damage of property when being a client under a program of Pretty Tough Womens Empowerment.
- Theft of agency property or the property of volunteers; unauthorized possession or removal of any agency property, including money and documents from the premises without prior permission from management; unauthorized use of agency equipment or property for personal reasons or gain.
- Inappropriate conduct in the program setting. Inappropriate behavior towards volunteers as defined by abuse or harassment policies.
- Registering under aliases to receive services more than once a month.

I will familiarize myself with and abide by all Pretty Tough Womens Empowerment bylaws, policies, including those regarding conduct, confidentiality, and safety. I agree to abide by all applicable rules and regulations of Pretty Tough Womens Empowerment and the units/buildings where I participate in Pretty Tough Womens Empowerment Programs.

I agree to cooperate with and respect any Volunteer servicing under Pretty Tough Womens Empowerment Co.



I understand that being a client under my own free will, I am not covered by Pretty Tough Womens Empowerment insurance for injuries or illness resulting from their volunteers' activities and I am aware that it is strongly encouraged to obtain my own medical insurance before participating in the program. I understand that Pretty Tough Womens Empowerment will not provide me with accident or medical insurance and is not responsible for any accident or medical expenses that I incur while being a client.

I agree to assume all risk associated therewith. I do hereby release, waive, discharge and covenant not to sue Pretty Tough Womens Empowerment Co. and their members individually and their officers, directors, agents, trustees, board committee members, and employees, in any capacity from all liability, loss, damage, costs, expenses, or claims resulting from or in connection with my participation in being a client, including personal injury, death, or damage to property. I also agree to indemnify and hold Pretty Tough Womens Empowerment Co. harmless from all claims, demands, causes of action, actions, judgments, or other liability including reasonable attorneys' fees arising out of, resulting from or in connection with me being a client to receive free services through the Self Care Saturday's program.

I understand that I cannot receive services more than once (1x) a month. I understand my slot on the professional's schedule is Soley up to the Nail Tech, Esthetician, Cosmetologist. I am aware the volunteers will only provide services on Saturday's. I understand once connected with the professional to provide my services, booking and further communication will not be through Pretty Tough Womens Empowerment co, but will be through the Professional Volunteer.

I am aware that once my appointment is scheduled the professional volunteer will notify Pretty Tough Womens Empowerment on my behalf.

I agree to have before and after pictures taken at services. This is for safety purposes for not only me, but for the volunteers as well. I understand my information will always remain confidential.

I understand the professional volunteer can either travel to me, or I can travel to them, but this choice is up to the professional volunteer and Pretty Tough Womens Empowerment Co. Will not mandate and or override a specific transportation and/or setting.

I am aware that if there are no current volunteers in my area that I will be made aware of the misfortune, and that Pretty Tough Womens Empowerment Co. Will notify me as soon as a professional volunteer is made available.

As a Client, I understand and agree to the terms and conditions of this agreement.

x Volunteer Signature:

Date: