

J BLENDZ Summer Barber Program

Application and Waiver of Liability

Participant Information

Name of Participant: _____

Date of Birth: _____ Age: _____

Parent/Guardian Name: _____

Contact Number: _____

Acknowledgment and Assumption of Risk

I understand that the J BLENDZ Summer Barber Program involves the use of barbering tools and hands-on training under supervision. I acknowledge that participation may involve certain inherent risks including, but not limited to, minor cuts, nicks, or allergic reactions to products. By signing this waiver, I voluntarily assume all such risks.

Release of Liability

In consideration of the participant being allowed to take part in the program, I hereby release, waive, and discharge On The Spot Cuts, its staff, volunteers, and partners from any and all liability, claims, or demands for injury, illness, or damage arising from or related to participation in the program.

Medical Treatment Authorization

In case of emergency, I authorize the program staff to seek appropriate medical care for my child and understand that I am responsible for any associated costs.

Photo & Media Release

I grant permission for my child to be photographed or recorded during the program for promotional or educational purposes. These materials may be used by On The Spot Cuts without compensation.

I have read and understand the above waiver and agree to its terms.

Parent/Guardian Signature: _____ Date: _____

Participant Signature (if over 13): _____ Date: _____

Parent Signature & Consent

Please scan the QR code below to complete the waiver and sign for your child's participation.



Or visit: <https://www.onthepotcuts.com>