

Legal Waiver Form

THE ROGUE LOUNGE Daily Booth Rental Waiver & Agreement

Business Name: The Rogue Lounge Rogueloungesalon@gmail.com
Location 77 W Chicagost #10 Chandler, Arizona 85225 530-526-7461

Renter Information

Full Legal Name: *Fill Here* _____
Business Name (if applicable): *Fill Here* _____
Phone Number: *Fill Here* _____
Email Address: *Fill Here* _____

Assumption of Risk

I understand that renting and using a salon workspace involves inherent risks, including but not limited to slips, falls, equipment use, electrical tools, chemicals, and interaction with clients. I voluntarily assume all risks associated with my use of the space.

Release of Liability

I hereby release, waive, and discharge The Rogue Lounge, its owners, operators, and affiliates from any and all claims, demands, damages, injuries, losses, or liabilities arising from my use of the salon space, whether caused by negligence or otherwise.

Independent Contractor Acknowledgment

I acknowledge that I am renting the space as an independent contractor. I am not an employee, agent, partner, or representative of The Rogue Lounge. I am solely responsible for my clients, services performed, tools, supplies, licensing, insurance, and compliance with all state and local regulations.

Property & Equipment Responsibility

I agree to use all salon equipment, furniture, and facilities responsibly. I will be held financially responsible for any damage caused by myself or my clients during my rental period.

Cleanliness & Security

I agree to: Leave the station clean and orderly, Properly dispose of trash,
Secure the space and lock up after use, Follow all access and security instructions provided
Failure to comply may result in loss of future booking privileges.

Prohibited Services

I understand that hair extension services are not permitted in this space.

Payment & Booking Terms

I understand that my booking is not confirmed until payment is received. No access code will be provided until this waiver is completed and payment is submitted.

Electronic Signature Acknowledgment

By typing my full legal name below, I acknowledge that I have read, understand, and agree to all terms of this waiver. I understand that this electronic signature is legally binding.

Signature (Type Full Legal Name):

Date:

Type Full Legal Name Here

Fill Here