# Release & Responsibility Form

**VOWS of Esther is an organization that empowers women & children all over the world through revealing beauty, resilient fashion and rewards of love. VOWS of Esther provides various complimentary services including the following:**

**Hair, Nail & Skin Services**
**Financial Resources**
**Clothing Resources**
**Food Resources**
**Teen Mentorship**

**All recipients benefiting from VOWS of Esther must sign this release form in order to receive any of the above mention services. The signature of this form approves the services of VOWS of Esther for the recipient and responsibility of all services to the recipient. If the recipient is under the age of 18, a parent or guardian must sign on behalf of the child in order to receive services of VOWS of Esther.**

**Gemelos Hairgallery is the salon in partnership with VOWS of Esther and will be the primary salon providing Hair, Nail & Skin services. Gemelos Hairgallery is a licensed and professional salon certified by the Ohio State Board of Cosmetology offering Central Ohio more than 20 years of service. For more information on Gemelos Hairgallery, please visit [www.gemeloshairgallery.com](http://www.gemeloshairgallery.com) or contact 614.235.4960.**

*Recipient Release & Responsibility Information & Signature.*

Name of Recipient: _____ *Age:* _____
*last* *first* *middle*

Date of Birth: ____/____/____ Address: _____
*month day year*

Contact Number: (  ) - _____ cell /home/work Email: _____
*(please circle)*

Occupation: School _____ Work Unemployed Disabled _____ School: _____
*please circle one above*

Signature of Recipient: _____ Signature of Parent/Guardian: _____