



Dermaplaning Liability Waiver

Personal Information

Name	DOB	Sex
Email		Phone

Dermaplaning is a skin treatment that uses an exfoliating blade (surgical blade) to remove dead skin cells and hair from your face. It may also be called micro planing or blading. Contraindications include but are not limited to other forms of microdermabrasion, sunburn, psoriasis, acne flare-up, spray tan, rosacea, and inflammatory skin conditions like eczema. During this procedure, your practitioner will hold the blade at a 45-degree angle and drag it along your skin for 15-20 minutes. You should not feel any discomfort. You agree to inform your practitioner should you feel any discomfort. You agree that it is possible to cut or nick the treatment area. Your practitioner is trained to handle such incidents and will act accordingly. This treatment may be done every 4-6 weeks.

Please read and initial each section below:

1. _____ I understand that the practitioner will perform a dermaplaning treatment on my face, neck, decollete, or another area as determined between myself and the practitioner.
2. _____ The nature of this service and the potential risks involved have been explained to me, and I accept this treatment as suitable.
3. _____ I acknowledge and confirm that I have NOT had any tanning, waxing, microdermabrasion, laser hair removal, prescription topical products, acid-based oral or topical products, or any other exfoliating products that may be drying or irritating on the area to be treated.
4. _____ I understand that I should not tan, wax, exfoliate, or seek cosmetic treatment for at least 72 hours after receiving this treatment.
5. _____ I understand that I must wear SPF 30+ with broad-spectrum coverage to protect my skin during sun exposure but agree to limit sun exposure for 72 hours post-treatment.
6. _____ I understand I must avoid excessive sweating and strenuous activities for at least 24 hours.
7. _____ I acknowledge and accept that I may experience some of the following side effects: redness, tenderness, swelling, irritation, dryness, tingling, peeling, and skin color changes.

By signing below, I understand that topical creams, medical conditions, and certain medications can affect the results of dermaplaning. I understand that I can not have this treatment if I have certain contraindications and I hereby release the practitioner and "Serene Society Nail Bar & Day Spa" in which I am voluntarily seeking services from harmless from and waive on behalf of myself, my heirs, and any personal representatives any causes of action, claims, demands, damages, costs, expenses, and compensation for damages or loss to myself and/or property that may be caused by any act, or misinformation both intentional or accidentally on this form as well as failure to follow post-care instructions after my service.

Signature

Date