

# BODY SCULPTING Information

Body sculpting increases the flow of both the lymphatic and circulatory systems, and it also helps with the cleaning of the tissues. The main use of body sculpting treatment is inch loss, diminishing of cellulite, and tightening of the skin.

## BENEFITS:

Lose 1-3 inches per treatment with state-of-the-art equipment. Benefits are often immediate but may be delayed in some people.

## FOR BEST RESULTS:

A series of body sculpting treatments are recommended per each area, but some individuals may require more treatments to achieve maximum results. There should be at least 1-2 days between each treatment. This is not a weight-loss treatment, but an inch loss. The inches will only return if the client goes back to their old habits. Eating the right types of food, proper exercise, and drinking 8 glasses of water per day are always recommended. For best results, it is recommended that you exercise within 4-6 hours of treatment and avoid sugar and alcohol for 24 hours after each treatment.

## PRECAUTIONS:

Body sculpting treatments are not recommended if you are pregnant, breast feeding, have a lymphatic disorder, acute illness, metal implants, pacemakers, or are currently being treated for active cancer.

## WAIVER:

- I understand that I am giving permission to The Body Sculpt Spa By S & S to provide services at my own risk. Should I sustain an injury while using the equipment, I agree to not hold the service provider responsible.
- I understand and acknowledge that payments for the above services are non- refundable. By my signature below, I certify that I have read and understand the contents of this Consent Form for The Body Sculpt Spa By S & S.
- I further agree to provide 48 hour notice of a cancellation or change in appointment time, or I will forfeit a treatment off my package since treatments are by appointment only. There are no refunds if I am responding to treatment and decide to stop treatments.
- Should the service provider wish to use any photos of my progress other than for my personal file, I will sign a separate Photo Release form.

CLIENTS PRINT NAME

CLIENT SIGNATURE.

# BODY SCULPTING

## Client Consultation Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Emergency Contact

Name / Relationship / Phone:

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Do you have any chronic medical conditions which we should know about?  Yes  No

If so, please list: \_\_\_\_\_

Do you have any allergies to latex, medications, herbal or natural supplements?  Yes  No

If so, please list: \_\_\_\_\_

Do you have, or have you had, any changes in medical history recently?  Yes  No

Explain: \_\_\_\_\_

Do you have Hearing aids, Pacemaker or Hormone Pellets (where) or metal/medical devices implanted? Explain: \_\_\_\_\_

Do you have type 1 or 2 Diabetes?  Yes  No

List all current Medications including Vitamins

\_\_\_\_\_

Do you have or have you had Cancer in the last 12 months?

If yes, are you currently on chemotherapy?

Do you have a Thyroid problem?

Do you have High Blood Pressure or Cardiovascular conditions?

Women Only, are you currently pregnant or nursing?

Please give us your current Weight \_\_\_\_\_ Height \_\_\_\_\_

Mark which applies to you:

Epilepsy    Infections    Tumors    Skin Diseases    Normal Skin Sensation  
 Thrombosis/Phlebitis    Autoimmune Disease    Neck/Back Problems

Gallbladder Removed

Yes    No

History of Gallstones

Yes    No

History of Liver Problems

Yes    No

Are you currently dieting?

Yes    No

Have you had any surgeries?

Yes    No

### TYPICAL DAILY FOODS AND DRINK INTAKE?

Water: How Many Glasses \_\_\_\_\_ Coffee: How many cups \_\_\_\_\_

Alcohol: How Much \_\_\_\_\_ Fast Food: type \_\_\_\_\_

Soda or Carbonation: Type \_\_\_\_\_ How Often \_\_\_\_\_ / \_\_\_\_\_

Tobacco Use \_\_\_\_\_ / \_\_\_\_\_ Recreational Drugs (narcotics) \_\_\_\_\_ / \_\_\_\_\_

Stress Level:  Moderate    Average    Demanding

I consent to allow the staff members to consult with & evaluate me in order to determine if I am a good candidate for the Non-surgical Body Contouring Program. I understand that photographs and measurements will be taken and kept in my file.

I agree that these forms have been completed truthfully and to the best of my knowledge/abilities.

CLIENTS PRINT NAME

CLIENT SIGNATURE.

# BODY SCULPTING

## Terms of acceptance

Please read carefully and understand the contents of this form. Ask us if you not understand.

When a client seeks Body Contouring services and when the service provider accepts a client, it is essential that both are seeking and working for the same goals. We expect our clients to take full responsibility for their decisions to participate in any of the services/programs offered by this office. We do not identify, diagnose, or treat ANY condition or disease. We have only one goal: TO OPTIMIZE YOUR BODY'S ABILITY TO FUNCTION NORMALLY AND OPTIMIZE YOUR FAT-BURNING POTENTIAL. By reducing bio-stress levels, we allow the body's inborn self-correcting mechanism to work at maximum efficiency to restore, maintain and promote wellness.

We do not identify or diagnose any condition(s) or disease(s). We offer no treatment for any condition(s) or disease(s). We promise no cure for any disease(s) or condition(s). Instead, we facilitate your body's own self-correcting mechanism.

It is essential that you speak to your doctor prior to making any decisions about altering any medical regimen you are currently following, changing your diet, taking supplements, or going on an exercise and/or weight loss program. Getting your doctor's approval prior to starting any service/program at our office is critical and solely your responsibility. Should any health condition arise while you are a client, we recommend that you immediately see the appropriate health care provider.

Any options that are rendered by the staff and/or head personnel should NEVER be construed as medical advice but merely as opinions. If you like medical advice, please see your medical doctor. We will not deal with any medical condition.

With your signature below, you understand and voluntarily accept these risks and agree that neither the service provider, its staff, or any of its partners will be liable for any injury to you, including, but not limited to, personal bodily injury, death, mental injury, economic loss or any damage to you, your spouse, or relatives resulting from any act of the service provider, and its staff or anyone else using the facilities and that you acknowledge the inherent risks of the positions, movement, dietary/nutritional programs offered to and done to you at the service provider, with respect to your current or past condition(s). If there is any dispute between you and the service provider, and/or any of its staff, both parties agree to submit it to binding arbitration. We both agree to have a neutral arbitrator preside over any such dispute, not a judge or jury. I, the undersigned, understand and accept the conditions as laid out in the "Terms of Acceptance" above.

CLIENTS PRINT NAME

CLIENT SIGNATURE.



# BODY SCULPTING

## Service Agreement

### SERVICES TO BE PROVIDED

The Office provides Body Contouring Treatments.

### PAYMENT

Payment in full is to be made prior to the start of any program.

### CLIENT COOPERATION

This Agreement contemplates full Client cooperation in the course of services agreed upon. This cooperation includes the Client's agreement to remain active in the recommended program for body contouring visits. The Client recognizes that compliance with recommended services and service schedule is important and the Client agrees to follow the service plan and the course of treatment agreed upon. The Client understands that lack of cooperation, failure to keep appointments and engaging activities identified by the office as potentially counterproductive to the body may necessitate additional treatments to those otherwise provided for this Agreement.

### TERMINATION

The Client may discontinue care and terminate this Agreement at any time by written notice to that effect delivered in person, or by mail, to the office. Such "notice of termination" shall discharge the office from all further obligations and/or duty to render care to the client. The office reserves the right to terminate this Agreement in its sole discretion notwithstanding any other terms or provisions of this Agreement.

### NO REFUNDS IN THE EVENT CLIENT TERMINATES AGREEMENT

To encourage commitment and follow-through, the service provider offers no refunds. No refunds will be made on body contour treatments. There will be no exceptions. The prepaid program cannot be altered, shared, or transferred, nor can it be combined with any other program.

### NO GUARANTEE OF RESULTS

The client recognizes that neither personnel nor this Agreement provides a guarantee of results. We make no guarantee of the extent or longevity of improvement to be expected. This Agreement deals solely with the services to be rendered and the fees to be paid for the care as provided. The Client's payment obligation is not contingent upon the outcome of services. The client's results can be hindered and/or suppressed by the consumption of the following, but are not limited to, alcohol, processed foods including, but not limited to, sugar-based foods and drinks, etc. It is recommended to consult your physician for dietary modification clearance if you have any questions or concerns.

# BODY SCULPTING

## Liability Release

### RELEASE OF LIABILITY

The client agrees to indemnify, hold harmless and release the service provider, its agents, employees, officers, directors, representatives, members, affiliated organizations, and insurers, and others acting on the The Body Sculpt Spa By S & S behalf, of all claims, demands, causes of action, and legal liability, whether the same be known or unknown, anticipated or unanticipated, and further agrees that except in the events of the company gross negligence or willful and wanton misconduct, no claims, demands, legal actions and causes of action, shall be made against the The Body Sculpt Spa By S & S for any economic and non-economic losses of any kind.

### YOUR RESPONSIBILITIES

1. Keep your appointments. We require 24-hour advance notice to reschedule/cancel an appointment.
2. Follow your program as closely as possible. Report any deviations to the staff so that we can help you get back on track.
3. If you have any challenges whatsoever, please share them with us immediately. Remember, it is in both our interests for you to succeed in achieving your goals.
4. If you have any medical conditions, please share this program with your physician immediately. The service provider is not a medical facility and does not make medical decisions.

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CLIENT SIGNATURE.

# BODY SCULPTING

## Lateness and Cancellation Policy

Our time is very valuable. To ensure that we can provide all of our clients with excellent service, we ask that you be on time for all of your appointments. Please arrive at least 5 to 10 minutes prior to your scheduled time to ensure you receive your full appointment time.

In the event that you should be late, we ask that you be considerate and call to inform us of your situation so we may take necessary action or make special arrangements. Please be aware that if you are 15 minutes or more late to your appointment, you will be voided. You will need to pay a non refundable \$25 late fee, and time missed will not be accounted for. No calls no shows will have to pay 100% for missed service, and your ability to book may become voided. **NO EXCEPTIONS.**

In the event that you need to cancel or reschedule your appointment, we asked that you notify us at least 48 hours in advance of your scheduled appointment.

**WE RESERVE THE RIGHT:** to charge 50% of the scheduled service price when canceling or rescheduling less than 24 hours prior to your appointment.

**WE RESERVE THE RIGHT:** to charge 100% of the scheduled service(s) on No-Shows.

**ALL CLIENTS MUST HAVE A CREDIT CARD ON FILE PRIOR TO BOOKING AN APPOINTMENT FOR ANY SERVICE TO GUARANTEE YOUR APPOINTMENT**

The satisfaction of our clients is our main priority. We offer prompt solutions to any problems or concerns that may occur. We do not offer refunds, credits, or exchanges for products sold or services rendered. If, for any reason, you feel dissatisfied with any of our services, please bring this to management's attention. We appreciate all feedback, negative or positive, from our clients to better serve you. I understand and acknowledge the policy regarding lateness and appointment

CLIENTS PRINT NAME

CLIENT SIGNATURE.

# BODY SCULPTING

## frequently Asked Questions

### AM I A GOOD CANDIDATE FOR BODY CONTOURING?

The best candidate for these treatments is someone who is exercising and eating a proper diet but is still having problem areas. A skinny, fit person can still have cellulite and might not be able to get rid of a trouble spot on their own, no matter how much they diet and exercise. Another example is someone who just had a child, got back in shape through diet and exercise but can't tighten the skin in certain areas. Body Contouring is not solely meant for weight loss purposes but it's meant to help decrease 0.5-3 inches of skin and cellulite in trouble spots. Anyone looking to lose weight should consider additional solutions.

### HOW QUICKLY WILL I NOTICE A CHANGE?

Gradual improvement of the treated area may be seen following the first treatment. The skin's surface may feel smoother, firmer, and tighter. Results in circumference and cellulite reduction are most apparent 5-7 days after each treatment. Remember this is a process; you will need to be patient with your body and allow time to reveal your new shape.

### HOW MANY INCHES CAN I REDUCE FROM MY CIRCUMFERENCE?

In clinical studies, patients report an average of 1-inch post-treatment. In clinical trials, the average ranges from 0.5 – 3 inches.

### HOW LONG CAN I MAINTAIN RESULTS?

Many people will see a reduction with this treatment alone, but it is suggested that this treatment be used as a tool to assist you in achieving your goals. Maintenance treatments are recommended periodically following the complete treatment regimen. Like all non-surgical techniques, results will last longer if you follow a balanced diet, exercise routine, vitamins, and drink lots of water!

### DOES IT HURT?

Most patients find Body Contouring to be comfortable, like a warm deep tissue massage which is designed for accommodation to comfort and sensitivity levels. It's normal to experience a warm sensation for a few hours after treatment. Your skin may appear red for several hours.

### HOW OFTEN DO I NEED TREATMENTS?

Typically 3-5 treatments per area treated, spaced 3 days apart

### IS THE TREATMENT SAFE?

Treatment is safe and effective for all skin types, sizes, and colors. No long-term nor short-term health effects have been reported. \*Patients with pacemakers or other like implants should avoid this treatment.

### YOU SHOULD NOT USE THIS TREATMENT IF:

You have heart issues, electrical devices such as pacemakers, hearing aids, metal implants, artificial metal hip joints, dental plates, or heart valves. This treatment uses Radio Wave Frequency which can interfere with the devices or heat up the metal implants. It is suggested this treatment be used as a tool alongside a proper exercise regime and a healthier diet.





# BODY SCULPTING

## Photo and Video Release

I hereby grant permission to the rights of my image, likeness, and sound of my voice as recorded on audio or video without payment or any other consideration. I understand that my image (below face) may be edited, copied, exhibited, published, or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

Photographic, audio or video recordings may be used for the following purposes:

- educational presentations or courses
- informational presentations
- online educational courses
- educational videos
- promotional materials

By signing this release, I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the Internet or in the public educational setting.

I will be consulted about the use of the photographs or video recording for any purpose other than those listed above.

There is no time limit on the validity of this release, nor is there any geographic limitation on where these materials may be distributed.

This release applies to photographic, audio, or video recordings collected as part of the sessions listed on this document only.

By signing this form, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for educational purposes.

Full Name \_\_\_\_\_

Street Address/P.O. Box \_\_\_\_\_ City \_\_\_\_\_

Prov/Postal Code/Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

If this release is obtained from a presenter under the age of 18, then the signature of that presenter's parent or legal guardian is also required.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_



# BODY SCULPTING

## Covid-19 Release

Name \_\_\_\_\_ Phone \_\_\_\_\_

- I am willing to take a temperature check during my visit to the spa before the services are started.
- I understand that I will be asked to come alone unless accompanying a minor.
- I understand that I will be asked to wash or sanitize my hands prior to my service starting.

I acknowledge the contagious nature of the COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing. I further acknowledge that the service provider has put in place preventative measures to reduce the spread of the COVID-19.

I further acknowledge that the service provider can not guarantee that I will not become infected with the Covid-19. I understand that the risk of becoming exposed to and/or infected by COVID-19, may result from the actions, omissions, or negligence of myself and others, including, but not limited to, spa staff, and other spa clients and their families.

I voluntarily seek services provided by the service provider and acknowledge that I am increasing my risk of exposure to COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while attending my appointment.

I attest that:

I am not experiencing any symptoms of the illness such as

- cough    difficulty breathing    fever    chills    repeated shaking with chills
- muscle pain    headache    sore throat    loss of taste or smell.

- I have not traveled internationally within the last 14 days.  Yes    No
- I have not traveled to a highly impacted area in the last 14 days.  Yes    No
- I do not believe I have been exposed to someone with a suspected or confirmed case of COVID-19.  Yes    No
- I have not been diagnosed with Covid-19 and not yet cleared as non contagious .  Yes    No
- I am following all recommended guidelines and limiting my exposure to COVID-19.  Yes    No

I hereby release and agree to hold the service provider harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the salon, or that may otherwise arise in any way in connection with any services received from the service provider.

I understand that this release discharges the service provider from any liability or claim that I, my heirs, or any personal representatives may have against the salon with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from the service provider. This liability waiver and release extends to the salon together with all owners, partners, and employees.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_