Release of Liability Form for Botox Treatment

Tidewater Aesthetics

Defining the purpose of the form

This Release of Liability Form (``Agreement'') is entered into between Tidewater Aesthetics LLC. (``Provider'') and the undersigned client (``Client'') on the date specified below. By signing this Agreement, the Client acknowledges the risks associated with Botulinum Toxin and like Drugs (``Botox'') treatment and agrees to the terms outlined herein.

Name:

Date of Birth:

 Address:

 Phone Number:

 Date of Treatment:

**Acknowledgment of Risks:**

The Client understands and acknowledges that Botox treatment involves the injection of Botulinum Toxin, a medical procedure that carries certain risks and potential side effects, including but not limited to:

 Pain, swelling, or bruising at the injection site

 Headache or flu-like symptoms

 Temporary muscle weakness or drooping

 Allergic reactions or skin irritation

 Unintended cosmetic results or asymmetry

 Rare but serious complications, such as difficulty swallowing, speaking, or breathing

The Client confirms that they have been informed of these risks and have had the opportunity to discuss them with the Provider.

**Medical History Disclosure**

The Client certifies that they have provided a complete and accurate medical history to the Provider, including any allergies, medications, medical conditions, or previous cosmetic treatments. The Client acknowledges that failure to disclose relevant medical information may increase the risk of adverse effects.

**Release and Waiver**

In consideration of receiving Botox treatment from the Provider, the Client hereby releases, waives, and discharges Tidewater Aesthetics LLC, its employees, agents, and affiliates from any and all liability, claims, demands, or causes of action arising out of or related to any loss, damage, or injury, including but not limited to personal injury or dissatisfaction with cosmetic results, that may be sustained by the Client as a result of the Botox treatment, whether caused by negligence or otherwise, to the fullest extent permitted by law.

**Indemnification**

The Client agrees to indemnify and hold harmless Tidewater Aesthetics LLC, its employees, agents, and affiliates from any claims, damages, or expenses (including legal fees) arising from the Client's failure to disclose relevant medical information or failure to follow post-treatment instructions provided by the Provider.

**Voluntary Consent**

The Client acknowledges that they are voluntarily choosing to undergo Botox treatment and have not been coerced or unduly influenced. The Client confirms that they have been given sufficient time to review this Agreement and ask questions about the procedure.

**Governing Law**

This Agreement shall be governed by and construed in accordance with the laws of South Carolina. Any disputes arising under this Agreement shall be resolved in the courts of Dorchester Count, SC.

**Acknowledgment**

By signing below, the Client acknowledges that they have read, understood, and agree to be bound by the terms of this Agreement. The Client confirms that they are of legal age and have the capacity to enter into this Agreement.

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

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