



CBD FACIAL CONSENT FORM

Name : _____ Today's Date : _____

If you currently have diabetes mellitus, epilepsy, or any kind of seizure-related disorder, cancer, or are currently receiving chemotherapy, please consult with your physician prior to receiving any CBD services.

How did you hear about our CBD facial service? _____

Do you have any Allergies? Yes No - What allergies: _____

Have you received skincare services with CBD before? Yes No

If yes, what service and when? _____

What are you hoping to achieve with a CBD facial? _____

Do you have any questions or concerns regarding the use of CBD, and if so, what would you like to know? -

By signing below, I agree that I have read and understand the following: I have completed this consent form to the best of my knowledge. I understand that the CBD facial treatment session is not a medical procedure and does not take place of a physician's care. Any information exchanged during a facial session is confidential and is only used to provide the best aesthetic care. If I am having or develop any complications during the treatment session, I will discuss them with my esthetician. I understand that every person responds to topical CBD products differently. The CBD used during the session is hemp-derived and contains 0.00% THC. I have been made aware that Studio Skyn, LLC, is able to produce a Certificate of Analysis (COA) for products used during the facial, and upon request, I may obtain a copy of these certificates. I understand that the products which are being used, and separately, Studio Skyn, LLC, do not claim to diagnose, cure, treat, or eliminate any condition I may be experiencing. I will consult a physician with any questions related to medication use while regularly using CBD products.

Signature of Client (Or Guardian)

Print Name (Relation if necessary)

Date

Signature of Esthetician

Ryan DuPree FB9771808
Print Name

Date