



Consent and Release Form: Lipo Light

You have requested to utilize the Lipo-Light LED light therapy manufactured by Innovative Photonics Ltd. This treatment is the application of a 635nm of LED light, which has been shown through extensive research to cause the fat within the adipose (fat cell) to leave the cell and accumulate in the interstitial space around the cells. The non-invasive LED light helps the body break down fat by stimulating its biological function. Excess fat is then removed naturally by the body's lymphatic system and subsequently excreted without the negative side effects and downtime associated with more invasive procedures such as liposuction. The purpose of this document is to make you aware of the nature of this product and its risks in advance so that you can decide whether to go forward with this procedure.

Procedure

This service will be administered by placing up to 16 Lipo-Light LED paddles on the desired area(s) to be treated. It is recommended that a client will need a minimum of 8 treatments for the Lipo-Light LED therapy to achieve its desired effect, however, clients have had satisfactory results with less. This treatment should be used in conjunction with a healthy diet and exercise. If you are not currently exercising you should consult a health care professional before beginning an exercise program to determine if your body is physically able.

Risks/Discomfort

This treatment is non-invasive and uses LED Light paddles with 25-30 diodes per paddle. During this service there should be no discomfort. The client will feel the warmth of the light and the tightness of the bands holding the paddles. If for any reason during treatment the client feels discomfort, the Esthetician will make necessary adjustments or discontinue the service if appropriate. If the client has not reported discomfort, it is at the client's own risk and MaxxCole, LLC assumes no responsibility. Lipo-Light is suitable for anyone over 18. Anyone suffering from the following would NOT be suitable for this treatment:

- Pregnancy
- HIV/AIDS
- Hepatitis C/D
- Active Cancer
- Heart Disease
- Heart/Pacemaker
- Autoimmune Disease (not controlled or monitored by a physician)
- Thyroid Issues (not controlled or monitored by a physician)

Payment

I understand that treatments involve a course of treatments. The fee structure has been fully explained and I understand that I am required to pay for a course of treatments prior to any procedures taking place. I am fully aware, should I wish to cancel the course, the outstanding treatment value is non-refundable and treatment packages cannot be shared or transferred. I clearly understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for the payment of my account.

Cancellations

All cancellations shall follow the guidelines as stated in the MaxxCole Salon & Skin Spa cancellation policy.

Consent

I have reviewed this consent form. My consent and authorization for this procedure are strictly voluntary. By signing the informed consent form, I grant authority for MaxxCole Salon & Skin Spa to perform the described treatment. The purpose of this procedure, risks, complications, alternative methods of treatment have been fully explained to my satisfaction. You may experience increased redness to the area for up to 12 hours. You will be able to return to normal activities following the treatment. I have been informed of the potential risks and side effects of Lipo-Light including but not limited to redness, swelling, heat sensitivity, pain, increased bowel movements and increased urination. I am aware that the treatment may cause slight hypo/hyper-pigmentation of the skin and treatment is taken at my own risk (tattoo areas should be avoided). The risks, potential damage and adverse side effects have been explained to me and I fully understand.

I understand that a minimum of eight or more treatments is required to achieve full results, however, clients have had satisfactory results with less. At the end of treatment, I will be re-evaluated to see if more sessions are needed in order to achieve realistic goals. Each body is different and may require more or less treatments depending on the client's diet, exercise, metabolism and body type. I understand the treatment is most successful if I also maintain a healthy diet and commit to an exercise program. I know that if after the treatment course I gain weight, the results of the Lipo-Light may be reversed.

No guarantee has been given by anyone as to the results that may be obtained by this treatment. I have read this informed consent and certify that I understand its contents in full. I have had enough time to consider the information and feel I am sufficiently advised to consent to this procedure. I hereby give my consent to have this procedure. If at any time during the Lipo-Light procedure I experience pain or discomfort of any kind, I agree to inform the staff immediately and/ or terminate the session at my discretion. The clients and all persons on the premises by invitation of the clients hereby hold MaxxCole Salon & Spa Skin Spa, its employees, or any individual connected in any way to MaxxCole Salon & Skin Spa, harmless for any responsibility or liability for any accident, injury, illness or damages sustained by or to any person or their personal property during their treatment appointments or use of facilities. MaxxCole Salon & Skin Spa shall be indemnified and held harmless by the clients, and clients agree to pay all costs incurred in connection with any accident, injury, illness or property damage loss, including attorney's fees, regardless of how it may have occurred. The undersigned hereby releases and indemnifies MaxxCole Salon & Skin Spa and holds harmless any employee, or any individual connected in any way to MaxxCole Salon & Skin Spa for any loss of personal property and/or accident causing personal injury of any nature, including attorney's fees and court costs in connection therewith.

I further state that I am of lawful age and legally competent to sign this aforementioned release; I understand the terms herein are contractual and not a mere recital; I have signed this document of my own free act.

Print Name: _____

Signature: _____

Date: _____

I have explained the procedure, alternatives, and risks to the person or persons whose signature is affixed above. The client has verbally communicated to me that they understand the contents of this form.

Signature of Service Provider: _____ Date: _____

We value your privacy and are committed to maintaining your security and confidentiality in the use of any information you choose to share with us. We do not disclose identifiable information to any third party. Further, we do not sell, rent, or otherwise allow the unauthorized outside use of personal information such as names, addresses, phone numbers, or e-mail addresses in our database without your permission. Copies of this form and signature will be valid as an original if this document is digitally scanned.