

BODY SCULPTING

CONSENT FORM

I, _____ consent to receiving body sculpting services to be performed by _____

Please read and write your initials next to the following statements:

I consent to receiving the requested body sculpting services

I consent that I am 18 years of age or older

I understand that this is not a weight loss treatment and that inches lost are circumferential

I understand that results are not guaranteed and I must adhere to all before and after care instructions

I understand that I am unable to partake in select body sculpting services such as but not limited to cavitation and rf skin tightening if I have any of the following conditions: Cancer, Cardiovascular Disease, Metal Implants, Pregnant, Breast Feeding, Skin Allergies

I understand that I may experience redness, bruising, skin irritation, swelling, increased heart rate

I have read and consent to the statements above. I understand the risks associated with the body sculpting treatments and will not hold the technician nor associated company responsible or liable for any injuries, side effects or damages that may occur from receiving the treatments.

PATIENT'S NAME _____

DATE _____

PATIENT'S SIGNATURE _____