



Above & Beyond DaySpa

Facial Consent Form

Date: _____

Name: _____

This consent is designed to verify that you have been satisfactorily informed and educated in respect to your facial procedure. This disclosure is not meant to alarm you; it is simply an effort to make you better informed so you may give or withhold your consent for treatment. Please read and initial where indicated. This consent form will be valid for all facials through December 31 of the year signed.

1. I acknowledge having been informed that this procedure is intended to cleanse and exfoliate the skin. **Initial here:** _____
2. I acknowledge that this process may include steam and/or warm towels to unclog pores and aid in the possible extraction of blackheads and/or millia. **Initial here:** _____
3. I have been informed that facial massage is incorporated into the treatment to stimulate circulation, and that a customized mask(s) will be applied to address my specific needs. **Initial here:** _____
4. I acknowledge having been informed that the facial concludes with the application of appropriate serums, creams, sunscreen, and recommendations for maintaining healthy skin. **Initial here:** _____
5. I understand that occasionally there are adverse side effects which may include temporary irritation, or redness. **Initial here:** _____
6. I acknowledge that no guarantee or assurance has been made to me as to the results that may be obtained. **Initial here:** _____

I have read and initialed each paragraph and have been satisfactorily informed of the risks and benefits regarding my facial treatment. I consent to this facial treatment today and for all subsequent facial treatments through December 31 of this calendar year.

Client signature: _____ **Date:** _____

Witness signature: _____ **Date:** _____

Parent/Legal Guardian signature (if client is a minor): _____ **Date:** _____

