

Treatment Liability Waiver

Name

DOB

AGE

Address

Phone

Occupation

Email

By signing below you agree to the following:

I hereby consent to and authorize the technician to perform the following procedure:

I have voluntarily elected to undergo this treatment and/or procedure after the nature and purpose of this treatment were explained to me, along with the risks and hazards involved by the technician.

Although it is impossible to list every potential risk and complication, I have been informed of the possible benefits, risks, and complications of the procedure I am receiving today. I also recognize that there are no guaranteed results and that independent results are dependent upon age, skin condition, lifestyle, and other factors. I understand that I may need more treatments at an additional cost to achieve maximum results.

I have read and understood the post-treatment home care instructions. I understand how important it is to follow all instructions given to me for post-treatment care. In the event that I may have additional questions or concerns regarding my treatment or suggested home product/post-treatment care, I will contact my esthetician immediately.

I have also given an accurate and truthful account of my medical history including all known allergies or prescription drug products I am currently using both via ingestion and topically.

I have read and fully understand this agreement and all the information detailed above. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. I agree not to hold the technician responsible or liable for any of my medical conditions that were present but not disclosed at the time of this procedure which may be affected by the treatment performed today.

Signature

Date