

Treatment Consent and Release

I acknowledge that the practice of skin care and massage including microablation, microdermabrasion, electrolysis, facial toning, body treatments, laser treatments, chemical services, tattoo removal, vein treatments, brown spot removal, BOTOX, Collagen, Dermal Fillers, Sclerotherapy, Mesotherapy, Dermaplaning, and various other beauty or health procedures is not an exact science and no specific guaranties can or have been made concerning the expected result. I understand that some clients experience more change and improvement than others. In virtually all cases, multiple treatments are required in order to realize a difference.

I also realize that the following risks and hazards may occur in connection with any particular treatment including but not limited to: unsatisfactory results, poor healing, discomfort, redness, blistering, nerve damage, scarring, infection, change in the skin pigmentation, allergic reaction, muscle damage, and increased hair growth. I understand that even though precautions may be taken in my treatment, not all risks can be known in advance.

Given the above, I understand that response to treatment varies on an individual basis and that specific results are not guaranteed. Therefore, in consideration for any treatment received, I agree to indemnify, hold harmless, and release from any and all liability _____
(Company Name)
as well as any officers, directors, assigns, insurers, or employees of the above companies for any condition or result, known or unknown that may arise as a consequence of any treatment that I receive.

Client Signature

Print Name

Date

Model Release

In consideration for treatment received, I herby grant permission to _____
(Company or Owners Name)
to use any photographic treatment records for the purposes of clinical and statistical studies, advertising, or promotion without any additional compensation to me.

Client Signature

Print Name

Date