

## Informed Consent & Release Form

I fully understand all the questions above and have answered them all correctly and honestly. I understand that the services offered are not a substitute for medical care. I understand that the aesthetician will completely inform me of what to expect in the course of treatment and will recommend adjustments to my regimen if deemed necessary. In order to receive maximum results, more than one application may be required, thus, it may be recommended that I participate in a series of treatments. I understand that my program is customized based on the advice of the aesthetician.

Rate of improvement depends on my age, skin type and condition, degree of sun/environmental damage, pigmentation levels, or acne condition. I will follow pre- and /or post- peel instructions and maintain appointment schedules exactly as they are recommended, including application of the home care and avoidance of future sun exposure. I acknowledge that no guarantee has been made about the results of the procedure. Although it is impossible to list every potential risk and complication, I have been informed of some possible benefits, risks, and complications which may include but are not limited to, the following:

- Softer, smoother skin
- Reduction in the appearance of lines and wrinkles
- Reduction in acne lesions
- Swelling and redness
- Scabbing and peeling
- Prolonged skin sensitivity to wind and sun
- Areas of persistent increased or decreased pigmentation

Any potential risks and complications could result in the need to discontinue treatment. In this case, alternative recommendation(s) will be suggested. I understand that, very rarely, permanent damage may occur. I also agree to intermittently inform the skin professional if I have concerns or am overly uncomfortable during the treatment or after I return home.

I agree to inform my skin professional when I introduce new medication(s) and/or product(s) during the course of treatment. I attest that I have had an opportunity to ask questions and have my questions answered to my satisfaction.

I certify that I am over the age of eighteen (18), that I am not pregnant or nursing, on Accutane, or taking any other medications that may be contraindicated to having this procedure. I have read and will follow to the best of my ability all instructions. I understand the potential risks and complications, limitations and alternatives. I release and hold harmless the aesthetician, ***Company Here***, and the staff from any liability for adverse reactions that may result from this treatment.

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Printed Name

Date

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Signature

### Consent to the Treatment of a Minor

By my signature below, I hereby authorize and Aesthetician here at ***Company Here*** to administer facial treatment techniques to my child or dependent, as they deem necessary.

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Child's Name

Relationship

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Printed Name

Date

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Signature