

Release of Liability Form

Medical Spa Treatments

I, the undersigned, acknowledge that I have voluntarily chosen to receive medical spa treatments at .

I understand that such treatments may involve procedures including but not limited to facials, injectables, body contouring, laser treatments, or other services offered at the facility.

I acknowledge and agree to the following:

1. I have provided a complete and accurate medical history and have informed the provider of any medical conditions or allergies.
2. I understand the nature and purpose of the proposed treatments, potential risks, complications, and alternative methods of treatment.
3. I have had an opportunity to ask questions and all my questions have been answered to my satisfaction.
4. I accept responsibility for any and all risks, both known and unknown, which may arise from my participation in spa treatments.
5. I hereby release and discharge and its employees, agents, and representatives from any and all claims, demands, actions, or causes of action arising from any injury or harm resulting from my spa treatments.

I certify that I am at least 18 years of age or have obtained parental/guardian consent as required.

Client Full Name:

Date of Birth:

Date:

Signature:

Provider/Witness Name:

Date: