



General Medical Aesthetics Release Form / Hold Harmless

I hereby consent to and authorize K Aesthetics & Wellness Medspa perform the following treatment/s:

Although it is impossible to list every potential risk and complication, I have been informed of possible benefits, risks, and complications. I also recognize that there are no guaranteed results and that independent results are dependent upon age, skin condition, and lifestyle and that there is possibility I may require further treatments of the treated areas to obtain the expected results at an additional cost. I have read and understand 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 consult the practitioner immediately. I have also, to the best of my knowledge, given an accurate account of my medical history, including all known allergies or prescription drugs or products I am currently ingesting or using topically.

I have read and fully understand this agreement and all information detailed above. I understand the treatment and accept the risks. All my questions have been answered to my satisfaction and I consent to the terms of this agreement. I do not hold the technician (nor the establishment), whose signature appears below, responsible for any of my conditions that were present, but not disclosed at the time of this skin care procedure, which may be affected by the treatment performed today. I also release K Aesthetics & Wellness Medspa of any liability that may arise from this procedure.

Client Name (Printed): _____

Client Signature: _____

Date: _____