



Ultrasonic Lipo Cavitation Waiver and Assumption of Risk Form

Upon execution of this form I, _____, hereby unconditionally release, waive and discharge my right, whether by contract or under operation of law to file cause of action(s) or claim(s) which I may have against K Aesthetics & Wellness Medspa, it's staff, and it's owner Nikki Smithers.

I hereby assume any and all risk of loss, liability, damage or costs, including bodily injury or property damage that may incur arising out or in connection to this procedure, to my acts and/or omissions.

I fully understand the terms set forth in this form, and I hereby waive my rights freely and voluntarily without any inducement, assurance, or guarantee being made to me to the fullest extent allowed by law.

Client Name (Printed): _____

Client Signature: _____

Date: _____