

Skin Perfection

General Consent for Aesthetician Services

Name: _____ Birthdate: ____ / ____ / ____

I hereby consent to receive esthetician services including by not limited to facials, waxing, microdermabrasion, and chemical peel.

If I experience any pain or discomfort during the session I will immediately inform the aesthetician so that the products and/or technique may be adjusted to my comfort level.

I understand that aestheticians are not medical professionals and cannot prescribe medical treatments or diagnose patients. I further understand that aestheticians are not qualified to perform, diagnose, prescribe or treat any physical or mental illness and nothing said in the course of the session should be construed as such. Because certain treatments should not be performed under certain medical conditions, I affirm that I have been candid in revealing any medical condition and that may have a bearing on the treatment that I will receive from Skin Perfection. I further affirm that I answered all questions honestly and to the best of my knowledge. I agree to keep the aesthetician updated to any changes in my medical profile and understand that there shall be no liability on the part of the aesthetician should I fail to do so.

I understand that clinical treatments are designed to exfoliate and/or remove the outer layers of the skin that may induce some degree of discomfort such as stinging, a pin prickling sensation, heat, tightness, a warm flushing sensation, itching, redness and/or tingling. I am aware that post treatment discomfort may also arise in the form of post inflammatory hyper-pigmentation, flaking, tightening, rash, skin irritation or allergic reaction. To reduce recovery time, I agree to avoid direct sun exposure and wear sunblock for one week (7 days) following the treatment. I further agree to refrain from tanning or tanning beds while I am undergoing treatment and for two weeks (14 days) prior to and following the end of treatment. I agree to follow my clinician's recommendations for post-procedure skin care to minimize side effects and maximize results. I am aware that several treatments may be necessary to achieve maximum results.

I understand that although complications are very rare, they may sometimes occur and require prompt treatment. In the event of any complications I will immediately contact the aesthetician. Should the aesthetician not be available, I agree to seek appropriate medical care from a licensed medical physician.

I understand that aesthetician services are cosmetic in nature and are non-refundable. I further understand that payment is my sole responsibility. I affirm that the aesthetician may terminate any service agreement for just cause including but not limited to default, inappropriate misconduct of an assaulting or sexual nature and/or breach of the quiet enjoyment of the premises.

This agreement is governed by the State of California. If any provision of this agreement is invalid or unenforceable with respect to any party, the remainder of this agreement will not be affected and each provision will be valid and enforceable to the fullest extent permitted by law. The prevailing party in any action or proceeding in court or mutually agreed upon arbitration proceeding to enforce the terms of this agreement is entitled to receive its reasonable attorneys fees and other reasonable enforcement costs and expenses from the non-prevailing party.

This document, along with the appropriate procedure-specific consent form if applicable, constitutes the entire agreement between the parties. In signing this consent, I hereby release from all responsibility, including negligence and gross negligence, Skin Perfection and/or staff members, owners and/or affiliations and freely and knowingly assume the risks associated with aesthetician services.

Client Signature: _____ Date _____
(Signature of Parent or Guardian if client is a minor)

Print Name: _____ Phone _____