

## Urban Skin Solutions Treatment and Consent Form

I acknowledge that the practice of skin care and massage including microablation, microdermabrasion, electrolysis, facial toning, body treatments, laser treatments, laser hair removal, tattoo removal, vein treatments, brown spot removal, BOTOX, Collagen, Dermal Fillers, Sclerotherapy, Mesotherapy, Dermalplaning, Chemical peels, and various other beauty or health procedures is not an exact science and no specific guaranties can or have been made concerning the expected result. I understand that some clients experience more change and improvement then others. In virtually all cases, multiple treatments are required in order to realize a difference.

I also realize that the following risks and hazards may occur in connection with any particular treatment or including but not limited to: unsatisfactory results, poor healing, discomfort, redness, blistering, nerve damage, scarring, infection, change in the skin pigmentation, allergic reaction, muscle damage, and increased hair growth. I understand that even though precautions may be taken in my treatment, not all risks can be known in advance.

Given the above, I understand that response to treatment varies on an individual basis and that specific results are not guaranteed. Therefore, in consideration for any treatment received, I agree to hold harmless and release from any liability Urban Skin Solutions as well as any officers, directors, or employees of the above companies for any condition or result, known or unknown that my arise as a consequence of any treatment that I receive.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

In consideration for treatment received, I hereby grant permission to Urban Skin Solutions to use any photographic treatment records for the purposes of clinical and statistical studies, advertising, or promotion without any additional compensation to me.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date