

Lakewood Ranch
Hair
Removal
Center

Photo Consent and Release Form

I, the undersigned, do hereby agree to the following. I am allowing Dr. _____ , or a staff member, to take photos of my treatment and/or treated areas to be used for the purpose of monitoring my progress, education and/or advertising.

At my request, my identity will remain anonymous. _____ (please initial)

Print Name: _____

Signature: _____ Date _____

Print Parent/Legal Guardian's Name _____

Parent/Legal Guardian's Signature _____ Date _____

Witness: _____ Date _____

Consent and Release

I acknowledge that the practice of skin care and massage including microablation, microdermabrasion, electrolysis, facials, body treatments, facial toning, TPR treatments, laser treatments, and various other beauty treatments are 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 improvements than 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 - including but not limited to: unsatisfactory results, poor healing, discomfort, redness, blistering, nerve damage, scarring, change in the skin's pigment, 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. I also agree to hold harmless and release form any liability _____ or any of it's officers, directors, or employees for any condition or result, known or unknown that may arise as a result of any treatment that I receive.
(Company Name)

Print Name: _____

Signature: _____ Date _____

Print Parent/Legal Guardian's Name _____

Parent/Legal Guardian's Signature _____ Date _____