



PROFESSIONAL TREATMENT LIABILITY RELEASE FORM

I hereby confirm that I am licensed and insured to perform professional skin care services and treatments and have attended the requisite skin care training that would qualify me to perform professional treatments and chemical peelings.

I acknowledge that IMAGE SKINCARE has educated me in certain application protocols and I agree to follow the IMAGE SKINCARE protocols as well as take full responsibility for any adverse outcomes that may arise from performing these treatments improperly and not in accordance to my training and the IMAGE SKINCARE protocols.

I agree to obtain a signed IMAGE SKINCARE Consent and Release of Liability Form from each client receiving treatments prior to performing IMAGE SKINCARE'S professional treatments and chemical peelings

I acknowledge that IMAGE SKINCARE furnished me with protocols and guidelines (attached hereto as Attachment "A" or received as the Image Skincare Treatment Manual) instructing me to perform Image Skincare treatments. I understand, acknowledge and agree that if I deviate from these protocols and guidelines, I automatically release IMAGE SKINCARE from liability in the event of any negative outcomes or adverse effects from performing IMAGE SKINCARE'S professional treatments and chemical peelings.

Name of Business (Print Clearly)

Telephone

Contact Person

Address:

City

Zip

State

Physician/Esthetician Signature

Print Name

Date

PLEASE FAX BACK TO: 1.561.791.2603