

L U X E D E R M A
P A R T N E R S

Liability Form

I hereby confirm that I am certified, licensed, experienced, and insured to perform professional esthetics services and treatments and have attended the requisite training that would qualify me to perform professional treatments.

I acknowledge that LUXE DERMA PARTNERS INC has educated me in all application protocols, and I agree to follow the provided protocols. I take full responsibility for myself and any employees of my operation for any adverse outcomes that may arise from performing these treatments improperly and not in accordance to my training and the protocols.

I agree to perform a full consultation, skin analysis, and receive a signed health history form and consent and release of liability form from each client receiving treatments prior to performing professional treatments taught by or purchased from LUXE DERMA PARTNERS INC. I agree to provide all post treatment care instructions and products when applicable following all professional treatments administered by myself and any employees of my operation. I acknowledge that LUXE DERMA PARTNERS INC and the brands they represent have furnished me with protocols and guidelines require to perform these professional treatments. I understand, acknowledge, and agree to release LUXE DERMA PARTNERS INC and the brands they represent from liability in the event of any negative outcomes, adverse effects, or lawsuits that arise from performing professional treatments.

I agree to indemnify and hold LUXE DERMA PARTNERS INC, all represented brands, manufacturers, suppliers, its parent companies, successors, assigns, licensees, agents, officers, directors, employees, and representatives (individually and collectively, "agents") harmless from and against any third-party claims, liabilities, costs and expenses (including reasonable attorney's fees and legal costs) in connection with any claim that arises from the use of their professional treatments, products and supplies.

I will reimburse LUXE DERMA PARTNERS INC upon demand for any payment with respect of any claim, liability, damage, or expense to which foregoing indemnity relates.

WEB VIEW FORM – BY FILLING OUT OUR PARTNERSHIP REGISTRATION FORM AND INITIALLING THE CORRESPONDING FIELD, YOU AKNOWLEDGE RECEIPT OF THIS FORM, ACCEPTANCE OF THIS FORM, AND RELEASE LUXE DERMA PARTNERS INC. OF ANY LIABILITY.