

# SORELLA

A P O T H E C A R Y

## PROFESSIONAL TREATMENT LIABILITY RELEASE FORM

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

I acknowledge that Sorella Apothecary has educated me in certain application protocols and I agree to follow the Sorella Apothecary 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 Sorella Apothecary protocols.

I agree to obtain a signed Sorella Apothecary consent and Release of Liability from each client receiving treatments prior to performing Sorella Apothecary's professional treatments and chemical peels.

I acknowledge that Sorella Apothecary furnished me with protocols and guidelines instructing me to perform Sorella Apothecary treatments. I understand, acknowledge and agree that if I deviate from these protocols and guidelines, I automatically release Sorella Apothecary from liability in the event of any negative outcomes or adverse effects from performing Sorella Apothecary professional treatments and chemical peels.

I agree to indemnify and hold Sorella Apothecary, 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 Sorella Apothecary professional treatments and chemical peels.

I will reimburse Sorella Apothecary upon demand for any payment made by Sorella Apothecary with respect of any claim, liability, damage or expense to which the foregoing indemnity relates.

\_\_\_\_\_  
Contact Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Business

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

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

**Please email to [hello@sorellaapothecary.com](mailto:hello@sorellaapothecary.com)**

\_\_\_\_\_  
City/State/Zip