

# LASER HAIR REMOVAL



**NAME:** \_\_\_\_\_ **BIRTHDAY:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

**HOW DID YOU HEAR ABOUT US?** \_\_\_\_\_

(IF REFERRED BY ANOTHER CLIENT, PLEASE PROVIDE THEIR FIRST AND LAST NAME)

**DO WE HAVE PERMISSION TO USE ANY PHOTOS OR VIDEOS TAKEN FOR MARKETING PURPOSES?**  Yes  No

## CLIENT CONSENT

I give my consent and authorize the staff of Remedi Elite Day Spa LLC to perform Laser Treatments.

I understand the purpose and types of treatments I am to receive.

I understand these treatments may involve some risks or complications or injury from known and unknown causes, and I freely assume these risks. Possible side effects may include temporary redness of the skin, localized swelling, irritation, tenderness or mild discomfort, small pimple-like bumps, lightening or darkening of the skin, dryness, bruising, and a small risk of scarring.

Any alternative treatments that I may receive, and their risks and benefits have been satisfactorily explained to me. I understand that I have the right to refuse any and all treatments.

I understand that the laser treatments work significantly better on skin that has had no sun exposure (natural, sun bed or self-tanners) for at least 3 weeks prior to treatment and plan no sun exposure during the course of my treatments as per instructions by my technician.

I understand that exact results cannot be predicted; no guarantees have been made to me as to the results of these treatments. I understand that there is a chance of mechanical failure of the machines at any time and that my appointment or thereof may have to be postponed or rescheduled due to downtime necessary to get the computerized light sources rebooted.

I have read this entire form and agree to the information provided herein. I certify that I am a competent consenting adult of at least 18 years of age. If I am under the age of 18, I understand that I need guardian consent and signature on this form before I can receive any type of treatment. This consent form is freely and voluntarily executed and shall be binding upon my spouse, relatives, legal representatives, heirs, administrators, successors, and assigns.

I understand Remedi Elite Day Spa LLC's post-treatment recommendations and I agree to adhere to them. I also agree to adhere to all safety requirements during the treatments that I am to receive from Remedi Elite Day Spa LLC and affiliated staff.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## GUARDIAN CONSENT

I, as the parent/legal guardian of the minor above, hereby give my consent to the staff of Remedi Elite Day Spa LLC and authorize them to perform laser treatments. I certify that I have read this entire consent form and that I understand and agree to all of its provisions herein. I certify that I have had the opportunity to ask questions to the staff during our consultation about the recommended treatments and that all of the risks and complications have been satisfactorily explained to me.

**GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_