



Skin Classic Consent The undersigned acknowledge that _____ has explained the nature of the Skin Classic treatment procedure including the risks and dangers inherent such as but not limited to: infection, hyper or hypo pigmentation, redness, edema, or bruising. As in any cosmetic procedure, the treatment goal is for esthetic improvement, not perfection. The number of treatments necessary will vary between individuals and the areas being treated. Factors including skin color, age, hormonal activity, inherited conditions, and other influences may decrease effectiveness of treatments. I desire and consent to the use of Skin Classic treatments on me and in consideration of receiving those treatments, I hereby release and forever discharge Beauty From Above dba Radiant Skin and Laser from all claims, demands, damages, actions or causes of action arising out of the performance of the said treatment procedures. I give this release on behalf of myself and my current and future heirs, executors, administrators, assigns and any other person or entity making a claim on my behalf.

No refunds on treatments.

Signature:

Date: _____

Witness for minor clients: _____