

CLIENT CONSENT

Form

I consent to and authorize **BRANDY PASCHALL MASSAGE & ESTHETICS** to carry out the following procedure:

I have voluntarily chosen to undergo this treatment/procedure after **BRANDY PASCHALL MASSAGE & ESTHETICS** has explained the nature and purpose of the treatment, as well as the risks and hazards involved.

Although it is impossible to list every possible risk and complication, I have been made aware of potential benefits, risks, and complications. I also understand that there are no guarantees and that independent results are dependent on age, skin condition, and lifestyle, and that there is a possibility that additional treatments of the treated areas will be required to achieve the expected results at an additional cost.

I have also provided an accurate account of my medical history, including all known allergies, prescription drugs, or products I am currently ingesting or applying topically, to the best of my knowledge.

I have read and understand fully this agreement and all of the information provided above. I understand the procedure and am willing to accept the risks. All of my questions have been satisfactorily answered, and I agree to the terms of this agreement. I do not hold the esthetician, whose signature appears below, liable for any of my conditions that were present but not disclosed at the time of this skin care procedure and may have been impacted by the treatment performed today.

Client Name (printed)

Client Signature

Date