General Consent Form

PLEASE REVIEW THE FOLLOWING FORM CAREFULLY

I acknowledge that beauty treatments, the practice of skin care, and the practice of massage, including, but not limited to, electrolysis, facial toning, body treatments, laser treatments, IPL treatments, micro needling, waxing, teeth whitening, facial and body peeling, dermaplaning, and various other beauty procedures is not an exact science, and no specific guaranties can or have been made concerning the outcome. I understand some clients may experience more change and improvement than others. In virtually all cases, multiple treatments are required in order to realize a difference.

I also understand and agree to assume the following risks and hazards which may occur in connection with any particular treatment including but not limited to unsatisfactory results, soreness, poor healing, discomfort, redness, blistering, scaring, change in skin pigmentation and allergic reactions. I understand that even though precautions may be taken in my treatment, not all risks can be known in advance.

Given the above, I understand that response to treatment varies individually and that specific results are not guaranteed. Therefore, in consideration of any treatment received, I agree to unconditionally defend and hold harmless and release from any and all liability, Belle Brule Rejuvenation, Aesthetics & Anti-Aging (Belle Brule) and the individual that provided my treatment, as well as any employees of the above company for any condition or result, known, or unknown, that may arise as a consequence of any treatment that I receive. I have fully disclosed in my client intake form any medications, previous complications, or current conditions that may affect my treatment.

X___________________________________ Date: __________________________
Client Signature

___________________________________ ___________________________________
Printed Name Signature of Parent/Legal Guardian
(if under 18 years of age)

Belle Brulé
REJUVENATION•AESTHETICS•ANTI-AGING

Media (Photo + Video) Release

In consideration of any treatment received, I hereby grant permission to Belle Brule and the individual that provided my treatment to use any photographic or videographic treatment records for the purposes of clinical and statistical studies, advertising, or promotion without any additional compensation to me.

X___________________________________ Date: __________________________
Client Signature

___________________________________ ___________________________________
Printed Name Signature of Parent/Legal Guardian
(if under 18 years of age)

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