



Skin Classic Information and Consent Form

The undersigned acknowledges that **Kelly Tracy-Holly (Endless Beauty SkinCare)** has explained the nature of the Skin Classic procedure including the risks and dangers inherent like: 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. Several factors including skin color, age, hormonal activity, inherited conditions, and other influences may decrease effectiveness of treatments.

____ I understand that there are no guarantees to this procedure.

____ I understand that there may be some degree of minor discomfort (redness, swelling or bruising).

____ I understand that to achieve maximum results, I may need several treatments and will need to use daily products to heal and protect my skin.

____ I understand that the possibility of irritation and redness exists and that I should notify my skin care professional if irritation persists.

____ I will follow the home care program specifically designed for me without changing or adding any products without consulting with my skin care professional.

____ I agree to all conditions and agree to have this treatment performed on me.

____ I will follow all prescribed directions regarding post treatment care.

____ I understand that this treatment may involve risks of complication or injury for both known and unknown causes, and I freely assume those risks. I release Endless Beauty SkinCare (Kelly Tracy-Holly) from all liability associated with this procedure except for any liability that may be imposed by the laws of the state of Oregon. I consider this a waiver of any right to sue the aforementioned party. I understand that this waiver is legally binding and may be used in a court of law.

The above points of information have been specifically discussed and made clear and I have had the opportunity to ask any questions concerning this information.

I authorize Endless Beauty SkinCare (Kelly Tracy-Holly) to begin my treatment with Skin Classic.

Client Name: _____
Client Signature: _____ Date: _____
Aesthetician Signature: _____ Date: _____