CONTOURS BEAUTY INK

Naturally Radiant. Artfully Enhanced.

Liability Acknowledgment

I acknowledge that I have voluntarily requested beauty and esthetic services from Contours Beauty Ink.

By signing this acknowledgment, I understand and agree to the following:

1. Health Information

I certify that the information I have provided regarding my health, medications, allergies, skin conditions, and medical history is complete and accurate to the best of my knowledge. I understand that withholding relevant information may increase the risk of an adverse reaction or affect the results of my service.

2. Consultation

I have had the opportunity to discuss my treatment goals, ask questions, and receive information regarding the nature of the service, expected results, possible risks, contraindications, and recommended aftercare.

3. Results

I understand that individual results vary based on factors including skin type, medical conditions, medications, lifestyle, healing response, and adherence to aftercare instructions. No guarantee or warranty has been made regarding the outcome of any treatment or service.

4. Aftercare

I agree to follow all written and verbal pre-care and aftercare instructions provided by my service provider. I understand that failure to follow these instructions may affect healing, comfort, and treatment results.

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5. Adverse Reactions

I understand that, although reasonable care is taken, beauty and esthetic services may involve risks, including temporary redness, swelling, irritation, bruising, sensitivity, allergic reactions, discomfort, infection, or other unexpected responses. I agree to notify Contours Beauty Ink promptly if I experience a concerning reaction following my service.

6. Photography

I understand that photographs will only be taken or used with my separate written consent.

7. Client Responsibility

I understand that I may stop or request that a service be discontinued at any time. I also understand that the service provider may decline or discontinue a service if it is determined that proceeding would be unsafe or not in my best interest.

8. Acknowledgment

I acknowledge that I have read and understand this Liability Acknowledgment. I have had the opportunity to ask questions, and all my questions have been answered to my satisfaction. I voluntarily choose to proceed with the requested service.

Client name (print): _____

Client signature: _____

Date: _____

Service provider: _____

Date: _____