

GODDESS AESTHETIC

MEDIA CONSENT FORM

I consent to “before and after” photographs for the purpose of documentation, potential advertising, and promotional purposes. I understand that if I have any concerns, I will address these with my skin care specialist. I give permission to my esthetician to perform the micro- needling procedure we have discussed, and will hold him/ her and his/her staff harmless and nameless from any liability that may result from this treatment. I have accurately answered the questions above, including all known allergies, prescription drugs, conditions, or products I am currently ingesting or using topically. I understand my Esthetician will take every precaution to minimize or eliminate negative reactions as much as possible. In the event I may have additional questions or concerns regarding my treatment, I will consult esthetician immediately. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I certify that I have read, and fully understand, the above paragraphs and that I have had sufficient opportunity for discussion to have any questions answered. I understand the procedure and accept the risks. I take responsible for any of my conditions that were present, but not disclosed at the time of this procedure, which may be affected by the treatment performed today.

_____ **Client Initials**

ESTHETICIAN SIGNATURE / DATE

CLIENT SIGNATURE / DATE