

ULTRASONIC CAVITATION CONSENT

Disclosure: This treatment is a process and subsequent visits may be necessary in order to achieve the desired results. Subsequent visits are subject to additional charges per visit which depend on the amount of work needed. Actual results vary from person to person and Skinology, LLC does not guaranty any specific result. The Ultrasound Cavitation treatment carries with it possible health complications and consequences, which include but might not be limited to the risk of kidney failure, liver failure, pacemaker failure, birth defect, miscarriage, thyroid damage, damage to the ovaries, lactation complications, hypertriglyceridemia, hypercholesterolemia, pancreatitis, infection, scarring and/or allergic reaction to any products used, excessive thirst, dehydration, nausea. The Ultrasound Cavitation treatment includes, but is not limited to, the use of high-power low-frequency ultrasound cavitation which uses 25-28KHz frequency ultrasound to penetrate the skin and assist with the breakdown of fat cells by creating micro-bubbles that increase the pressure around the adipocyte and force it to implode, thus breaking down adipocyte's cell membrane.

After Care: After care instructions must be followed explicitly, whether given in writing or orally. Failure to follow post-procedure instructions may compromise the final results of the treatment.

Release: I recognize that there are certain inherent risks associated with the above-described treatment and I assume full responsibility for personal injury to myself. In exchange for such treatment, I hereby fully release and forever discharge Skinology LLC and Kathleen Cauthen from any and all damages, costs, expenses, liabilities, cause of action, claims and demands, of whatever character, in law or in equity, whether known or unknown, direct or indirect, asserted or unasserted, and whether or not on account of myself, Skinology, LLC, Kathleen Cauthen or other third parties, or in any way arising out of the above described treatment I have requested Skinology LLC/Kathleen Cauthen to perform. It is the intention of the parties that this agreement binds all parties whose claims may arise out of or relate to the treatment or services provided by Skinology LLC including any spouse or heirs of the client/patient and any children, whether born or unborn. Any legal or equitable claim that may arise from participation in the treatment shall be resolved under South Carolina state law.

I agree to indemnify, hold harmless and defend Skinology LLC and Kathleen Cauthen against all claims, cause of action, damages, judgments, costs or expense, including attorneys' fees and other litigation costs, which may in any way arise from the above described treatment I have requested Skinology LLC/Kathleen Cauthen to perform.

By signing this agreement, I confirm that I am over the age of 18, I understand that the Ultrasound Cavitation procedure is permanent, that such procedure has possible adverse consequences and that the procedure is for cosmetic purposes only. I certify that I have read the above paragraphs and understand the procedure and possible risks, fully understand this consent form, and hereby consent to the indicated procedure(s). This means that I accept full responsibility for these and/or any other complications which may arise or result during or following the Ultrasound Cavitation procedure which is to be performed on the below date and all subsequent treatments.

Client Signature

Date

Esthetician Signature

Date