

Informed Consent - Release of Liability Waiver

,	, authorize Katrina Sesline
of Bare Babe Electrolysis to perform electrology serv	
I have been advised that this office impleme control procedures: single use sterilized disposable prunit, an autoclave sterilizer for tweezers, and use of covirucide, fungicide).	robes, a "sharps" disposal
I agree to refrain from all other hair remove undergoing treatments at Bare Babe Electrolysis, with or trimming. I will inform Bare Babe Electrolysis if I an electrologist.	h the exception of shaving
I certify that at least 4 weeks have passed s removal session.	ince my last laser hair
I certify that at least 2 weeks have passed s the area I plan to receive electrolysis (i.e. retinol, boto treatment, microneeding, facial peels, waxing/sugari	ox, dermal filler, laser skin
I confirm that I have received Preparation Ir Instructions, and understand that successful healing at the these instructions. I have read and understood all is before signing this consent.	depends on my adherence

I understand that a series of appointments are necessary for permanent results. I understand that no guarantee can be given as to the final result obtained or number of treatments required. I understand that many factors determine the number and the length of treatment required.
I certify that I have been fully informed of the nature and purpose of the procedure, expected outcome and possible complications. I agree that I will assume the risk and full responsibility for any and all injuries, losses, or damages, which might occur to me while I am undergoing this procedure or side effects I may experience after the procedure is performed. To the maximum extent allowed by law, I agree to waive and release any and all present and future claims, suits or related causes of action against Bare Babe Electrolysis, its owners, officers, employees, or agents for negligence, injury, loss, death, costs or other injuries or damages to me as a result of this procedure.
Name (Print):
Signature:
Date: