



Eminence LED Skin Care System Client Skin Care Treatment Consent Form

1. I understand that I should consult a physician or pharmacist before using the Eminence LED Skin Care System if I am taking prescription or non-prescription medications, or have a history of skin problems.
2. I understand that I should consult a physician before my first treatment if I am unsure about my medical condition, or if any of the following apply to me:
 - I am pregnant
 - I have epilepsy
 - I am taking medication(s) such as but not limited to tetracycline which can cause sensitivity to light.
3. The complete treatment and safety features have been explained to me, and any questions I have regarding this treatment have been explained to my satisfaction.
4. I understand the intended use of the Eminence LED Skin Care System and the instructions of the instruction of the treatments. I agree to have the treatments administered to me at my own risk and hereby release the owners, operators, distributors, and manufacturers from any liability from my own use of the system.
5. I am over 18 years of age.

Signature

Date

Print Name

Phone

All Elegant Skin cancellations must be made at least 24 hours in advance.