

# YES ELECTROLYSIS

## Informed Consent/Release of Liability Waiver

I, \_\_\_\_\_, authorize Matthew A Garcia, LE of *Yes Electrolysis* perform electrology services on me.

\_\_\_\_\_ I have been advised that this office has implemented infection control procedures, which include: single use sterilized disposable probes, a "sharps" disposal unit, and a dry heat sterilizer for tweezers.

\_\_\_\_\_ I agree to discontinue all other hair removal treatments while undergoing treatments at *Yes Electrolysis*, with the exception of shaving/trimming/clipping.

\_\_\_\_\_ I certify that at least 3 months have passed since my last laser hair removal session, prior to starting treatments with *Yes Electrolysis*.

\_\_\_\_\_ I confirm I have read and received the "Pre-Treatment and Aftercare Routine" and understand a successful healing process depends on my adherence to these instructions.

\_\_\_\_\_ I certify that I have been fully informed of the nature and purpose of the procedure, expected outcome and possible complications and I understand that no guarantee can be given as to the final result obtained or number of treatments required. Many factors (especially the previous methods of hair removal) determine the number and the length of treatment required. The closer one adheres to their treatment schedule, the more effective their treatment will be. Usually this takes 1.5 to 2 years before all hair is gone permanently in the treated area. I understand compliance with treatment guidelines is critical for optimum results. I have read and understood all information presented to me before signing this consent.

\_\_\_\_\_ In consideration for *Yes Electrolysis* performing this procedure, 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 *Yes Electrolysis*, its owners, officers, employees, or agents for negligence, injury, loss, death, costs or other injuries or damages to

\_\_\_\_\_ CANCELLATION POLICY. As a courtesy to our clients at *Yes Electrolysis*, please provide a minimum of 24 hours should you need to cancel your appointment. If an appointment is canceled or rescheduled in less than 24 hours or a "no-show" occurs, previous clients will be granted a one grace offense. Should a second or further offenses occur, your card on file will be charged 100% of your scheduled service fee, per company policy. NO exceptions. If the card on file is unable to be processed for this fee, you will receive an invoice for the amount owed. Late or partial appointments will be charged at the full price of the scheduled time, and clients will lose out on missed minutes. Please call the office and leave a voicemail as soon as possible for any scheduling changes. Thank you in advance for your cooperation.

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Additional Info/Release of Liability Waiver

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Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_