

## **Professional Treatment Liability & Release Form**

I hereby confirm that I am licensed and insured to perform professional skin care treatments and service and have the required training in skin care to perform professional treatments and chemical peels.

I acknowledge that DermAware® Bio-Targeted Skin Care has provided me with professional protocols for DermAware® professional products which I agree to follow and take full responsibility for any adverse results that may arise from performing these treatments improperly and not in accordance with DermAware® Bio-Targeted Skin Care protocols.

I agree to acquire a signed DermAware® Bio-Targeted Skin Care Consent and Release of Liability Form from each client receiving treatments prior to performing DermAware® Bio-Targeted Skin Care professional treatments and chemical peels.

I understand, acknowledge and agree that if I deviate in any way from these protocols and guidelines, I automatically release DermAware® Bio-Targeted Skin Care from liability in the event of any undesired or negative outcomes from performing DermAware® Bio-Targeted Skin Care's professional treatments and chemical peels.

\_\_\_\_\_  
Electronic Signature

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Date