



PRECAUTIONARY LIABILITY RELEASE FORM

I have voluntarily elected to undergo treatments/procedures after the nature and purpose of the treatments have been explained to me, along with the risks and hazards involved, by April Marie Glow.

Although it is impossible to list every potential risk and complication, I have been informed of possible benefits, risks, and complications. I also recognize there are no guaranteed results and that independent results are dependent upon age, skin condition, and lifestyle and that there is the possibility I may require further treatments of the treated areas to obtain the expected results at an additional cost.

I understand how important it is to follow all instructions given to me for any pre and post-treatment care. In the event that I have additional questions or concerns regarding my treatment or suggested home product/post-treatment care, I will consult April Marie Glow immediately.

I have also, to the best of my knowledge, given an accurate account of my medical history including all known allergies or prescription drugs or products I am currently ingesting or using topically. I will inform April Marie Glow of any changes to my medical history if such occurrences arise.

Due to the 2020-2021 Global Pandemic Outbreak of the Novel Coronavirus, COVID-19, we are taking extra precautions with the intake of each client, health history review, as well as the sanitation and disinfecting practices.

_____ (initial) I understand the symptoms below and affirm that I do not currently have nor experienced the symptoms listed below within 7 days.

Fever, Chills, Fatigue, Muscle pain, Headache, Sore throat, Dry Cough, New loss of taste/smell

I affirm that I, as well as all household members, have not been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19. I affirm that I, as well as all household members, have not been diagnosed with Coronavirus/COVID-19 within the last 30 Days.

I acknowledge that April Marie Glow, LLC has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19. I further acknowledge that April Marie Glow, LLC (Skincare & Makeup) cannot guarantee that I will not become infected with the Coronavirus/COVID-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and

others, including, but not limited to, the studios staff of April Marie Glow, LLC, and other clients and their families. I voluntarily seek services provided by April Marie Glow, LLC and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19.

PHOTOGRAPHS: I give permission for photographs to be used by April Marie Glow, LLC for educational plus promotional purposes. Complete patient confidentiality will be maintained at all times. If you accept, there shall be no payment or other compensation (Please initial below).

_____ Accept _____ Decline

I have read and fully understand this agreement and all information detailed above. I understand the procedure and accept the risks. All of my questions and been answered to my satisfaction and I consent to the terms of this agreement. I do not hold the esthetician, whose signature appears below, responsible for any of my conditions that were present, but not disclosed, at the time of this skin care procedure, which may be affected by the treatment performed today.

Client Name (Printed) _____

Client Name (Signature) _____ Date _____

Esthetician _____ Date _____