

ECOBEAUTICA

Wellness Center

Facial Consent Form

- I understand that the facial I receive is provided for the basic purpose of relaxation and cleansing. If I experience any pain or discomfort, I will immediately inform the practitioner so that the pain or discomfort may be adjusted to my level of comfort.
- I further understand that facials are not a substitute for a medical examination, diagnosis, or treatment and that I should refer to my physician for any ailment.
- I affirm that I have stated all of my known medical conditions and answered all questions honestly.
- I agree to keep the practitioner and Ecobeautica Wellness Center informed of any changes in my medical profile and that there will be no liability on the practitioner's and Ecobeautica Wellness Center's part should I fail to do so.
- I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment.

I have been given the opportunity for discussion and all my questions have been answered to my satisfaction. I hereby consent to the facial. This constitutes the full disclosure and supersedes any previous verbal or written disclosures.

Client's Name (Please Print): _____

Client's Signature: _____

Date: _____