



TREATMENT LIABILITY FORM

I hereby confirm that I am licensed and insured to perform professional skin care services and treatments and have attended the required skin care educational training that would qualify me to perform professional treatments and chemical peels.

I agree to follow RESULT Cosmeceutical protocols as well as take full responsibility for any adverse outcomes that may arise when performing these treatments improperly.

I acknowledge that RESULT Cosmeceutical has provided me with Safety Data Sheets, Instruction Manuals, and/or training on each professional and retail product.

I understand, acknowledge, and agree that if I deviate from any guidelines, given to me by RESULT Cosmeceutical, I automatically release RESULT Cosmeceutical from liability in the event of any adverse outcomes or effects from performing RESULT Cosmeceutical professional treatments including, but not limited to, chemical peels.

Please sign below to acknowledge you have read and agreed to the above terms.

Name of Business:

Phone:

Email:

Aesthetician/Physician Name (Signature):

Aesthetician/Physician Name (Print):

Date: