



PROFESSIONAL TREATMENT LIABILITY RELEASE FORM

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

I acknowledge that **IMAGE SKINCARE** has educated me in certain application protocols and I agree to follow the **IMAGE SKINCARE** protocols as well as take full responsibility for any adverse outcomes that may arise from performing these treatments improperly and not in accordance to my training and the **IMAGE SKINCARE** protocols.

I agree to obtain a signed **IMAGE SKINCARE** Consent and Release of Liability Form from each client receiving treatments prior to performing **IMAGE SKINCARE'S** professional treatments and chemical peelings.

I acknowledge that **IMAGE SKINCARE** furnished me with protocols and guidelines (attached hereto as Attachment "A" or received as the Image Skincare Treatment Manual) instructing me to perform Image Skincare treatments. I understand, acknowledge and agree that if I deviate from these protocols and guidelines, I automatically release **IMAGE SKINCARE** from liability in the event of any negative outcomes or adverse effects from performing **IMAGE SKINCARE'S** professional treatments and chemical peelings.

I agree to indemnify and hold **IMAGE SKINCARE**, its parent companies, successors, assigns, licensees, agents, officers, directors, employees, and representatives (individually and collectively, "Agents") harmless from and against any third party claims, liabilities, costs and expenses (including reasonable attorney's fees and legal costs) in connection with any claim that arises from the use of **IMAGE SKINCARE** professional treatments and chemical peelings.

I will reimburse **IMAGE SKINCARE** upon demand for any payment made by **IMAGE SKINCARE** with respect of any claim, liability, damage or expense to which the foregoing indemnity relates.

Name of business: (print clearly)	Address:	
Telephone:	City:	
Contact person:	State:	Zip code:

PAYMENT LIABILITY RELEASE FORM

I acknowledge that my signature authorizes Image International, Inc. to keep the below credit card on file and for this credit card to be charged in the case of delinquency on the listed account.

Name on card:	Credit card type:	
Card number:	Expiration date:	Sec code:
Billing address:	Billing city:	
Billing state:	Billing zip code:	

Cardholder Signature: _____