



IPL (intense pulsed light) Consent form & Liability Waiver

Full name: _____ D.O.B.:(mm/dd/yyyy) _____
Address: _____ City: _____ Province: _____
Postal Code: _____ Phone number: _____
Email: _____ How did you hear about us? _____

PHOTO RELEASE: (optional)

I, _____ (print full name), understand and accept that as a condition of service, all or part of my treatment may be recorded or photographed and will then be property of ICE & INK BEAUTY BAR Ltd.. I understand that photos and videos from my treatment will be used for learning, advertising, liability records and any other relatable business purpose.

I, _____ (print full name), hereby irrevocably consent to having my picture and/or video taken during this service and authorize it to be used for the business purposes of ICE & INK BEAUTY BAR Ltd.. _____ (signature)

Have you used or had any of the following? (Check all that apply and please tell us when.)

- | | | |
|--|--|---|
| <input type="checkbox"/> Accutane (acne treatment) | <input type="checkbox"/> Sunburn | <input type="checkbox"/> Microdermabrasion |
| <input type="checkbox"/> Retin-A or Retinol products | <input type="checkbox"/> Sun exposure in last 7 days | <input type="checkbox"/> Microneedling |
| <input type="checkbox"/> Retin-A burns | <input type="checkbox"/> Chemical peel | <input type="checkbox"/> BBglow |
| <input type="checkbox"/> Glycolic acid | <input type="checkbox"/> Laser resurfacing | <input type="checkbox"/> Dermaplaning |
| <input type="checkbox"/> AHA/BHA | <input type="checkbox"/> Photofacial | <input type="checkbox"/> Botox and/or Filler |
| <input type="checkbox"/> Lash enhancement serums | <input type="checkbox"/> Laser or IPL treatments | <input type="checkbox"/> Electrolysis |
| <input type="checkbox"/> Lash extensions | <input type="checkbox"/> Microblading | <input type="checkbox"/> Ultrasound skin tightening |
| <input type="checkbox"/> Tattoos in or near treatment area | <input type="checkbox"/> Permanent Make-up | |

When? _____

Medical information. (Check all that apply.)

- | | | |
|--|---|---|
| <input type="checkbox"/> In menopause | <input type="checkbox"/> Latex allergy | <input type="checkbox"/> Hypo/hyperglycemia |
| <input type="checkbox"/> Post menopause | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Fibromyalgia |
| <input type="checkbox"/> Regular periods | <input type="checkbox"/> Herpes/Cold sores | <input type="checkbox"/> High Blood pressure |
| <input type="checkbox"/> PCOS | <input type="checkbox"/> Hepetitis A, B, or C | <input type="checkbox"/> Bleeding disorder |
| <input type="checkbox"/> Hormone imbalance | <input type="checkbox"/> Pacemaker | <input type="checkbox"/> Heart conditions |
| <input type="checkbox"/> Pregnant or breastfeeding | <input type="checkbox"/> Bruise easily | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Lupus | <input type="checkbox"/> Cancer (previous or current) | <input type="checkbox"/> Hypo/hyperpigmentation |
| <input type="checkbox"/> Mental illness | <input type="checkbox"/> Thyroid disorder | <input type="checkbox"/> Eczema |
| <input type="checkbox"/> Psoriasis | <input type="checkbox"/> Rosacea | <input type="checkbox"/> Keloids |
| <input type="checkbox"/> history of seizures | <input type="checkbox"/> Birth control pills | <input type="checkbox"/> Hormone mediacaitions |

Details? _____

Please list all other current health conditions as well as pharmaceutical and homeopathic medications and supplements.

I attest that all the above information provided by me is accurate and true to the best of my knowledge.

Signature: _____ Date: _____

General IPL hair removal & skin rejuvenation waiver & consent

Please INITIAL to agree, acknowledge, and/or accept the following;

I have truthfully represented to my technician that undergoing this procedure is my choice alone.

I understand mild to moderate swelling may occur in the area of treatment and usually subsides in a few days.

I am not under the influence of alcohol or drugs.

I do not get cold sores or have Herpes and if I do, I have communicated that to my technician and understand the risks. If my technician instructed me to do so, I have consulted with my physician prior to this appointment.

I currently do not have any type of infection or rash anywhere on my body.

I understand that hair removal and laser skin rejuvenation vary widely from person to person and anatomical area to area. 70-80% of hair is estimated to be reduced after a series of treatments but there is a chance I could be a non-responder.

I understand multiple treatments may be necessary for best results.

I understand that with all laser or IPL treatments there is a possibility of a contraindications that may cause a burn.

I understand that there may be some temporary swelling and/or redness in the treated area.

If treatment is performed near a tattoo, I understand that the tattoo (or permanent make up) maybe damaged during the treatment.

I acknowledge that I must reveal any condition that may have a bearing on this procedure, such as pregnancy, allergies, medications used, diabetes, immune deficiencies, seizures, history of cancer prior to receiving treatment.

I acknowledge that there may be some slight lightening or darkening of the skin in the treatment area. This will generally go away within few weeks to months.

I acknowledge that my skin might experience temporary tightness or redness (a mild sunburn feeling) which usually dissipates within 24 hours depending on skin sensitivity.

I acknowledge that if I fail to use adequate sunscreen (SPF 30), I am more susceptible to sunburn and skin damage.

I acknowledge that I should avoid use of glycolic or Retinoic acid, AHA products for 7-10 days before and after treatment.

I will not use any hair removal creams or bleach, nor wax or thread between treatments. I can shave between treatments.

I understand that laser follow up appointments are 4-8 weeks apart depending upon my hair growth cycle and 3-6 weeks apart for skin rejuvenation.

I acknowledge this is a strictly elective cosmetic treatment but I must protect the treatment area from the sun 3-8 weeks prior to the procedure and 2 weeks post procedure to prevent burning and hyper and hypo-pigmentation. No medical claims expressed or implied.

- I will notify any change in medical health since my last visit.
- I will be off photosensitive drugs, such as antibiotics 2 weeks prior to my treatment.
- I consent to have my technician perform the procedure, and also to any actions or conduct that is reasonably necessary to perform this procedure.
- I agree that ICE & INK BEAUTY BAR Ltd. may, from time to time, contact me for commercial purposes.
- I agree to contact my technician and/or ICE & INK BEAUTY BAR Ltd. through appropriate lines of communication such as; the facebook business page, the instagram business page, business website, business email, or business phone number via call or text. I understand that it is not appropriate to contact my technician via personal facebook, personal instagram or personal phone number and I will not receive a response from those channels.
- I understand that any payment made to ICE & INK BEAUTY BAR Ltd. is non-refundable under any circumstance.
- I agree not to slander and/or defame ICE & INK BEAUTY BAR Ltd., or any affiliates in any way, on any platform, at any location, to any person, place or thing, at any time, relating to your procedure or not, after undergoing a procedure and doing so can be used against me in a court of law.
- I acknowledge that I have been given the full opportunity to ask any questions which I might have and that all of my questions have been answered to my full satisfaction. I specifically acknowledge that I have been advised of the facts and matters set forth above.
- I certify that I have been given a physical form of sufficient post-care information and instructions and agree to follow the instructions accurately.
- I understand that my technician reserves the right to refuse service or stop a procedure, at any point, before, during, or after a procedure if she is ever uncomfortable or for any reason she deems fit. Such as but not limited to; suspicion of drug or alcohol use, suspicion of falsifying consent forms., uncooperative behaviour, inappropriate behaviour, shouting, rudeness, demanding, harassing, mean or belittling behaviours, etc..

I do hereby release and forever discharge ICE & INK BEAUTY BAR Ltd., their respective directors, affiliates, employees, colleagues, landlords, sub-contractors, volunteers, servants and agents, including their successors and assigns, from any and all actions, claims and demands for damages, loss or injury, which I now have, or may hereafter have, arising out of or in any way relating to any and all injuries, loss or damages that may develop in the future, as a result of or in any way relating to any personal service provided by ICE & INK BEAUTY BAR Ltd..

I further indemnify and hold harmless ICE & INK BEAUTY BAR Ltd., their respective directors, employees, colleagues, landlords, sub-contractors, volunteers, servants and agents, including their successors and assigns, from any and all actions, claims and demands for damages, loss or injury to any third party resulting from any personal service provided by ICE & INK BEAUTY BAR Ltd..

This release shall be binding upon the undersigned, and their respective heirs, executors, administrators, personal representatives, successors, and assigns.

I certify that I have read the information in this form thoroughly, that I fully understand it, and that by signing below I have the capacity to provide consent, and that I am providing consent freely and voluntarily.

Signature: _____ **Date:** _____