

ASSUMPTION OF RISK, WAIVER, AND RELEASE

By engaging, Renew Aesthetics and Wellness, to provide T-Shape 2 sessions and related services (hereinafter referred to as the “Services”) and using the Company’s equipment and facilities in relation thereto, I _____, hereby acknowledge on behalf of myself, my heirs, personal representatives and/or assigns, that there are certain inherent risks and dangers associated with receiving Services and my use of the Company’s equipment and facilities. At all times, I shall comply with all stated and customary terms, posted safety signs, rules, and verbal instructions given to me by staff. If in the subjective opinion of the Company’s staff, I would be at physical risk in receiving Services, I understand and agree that I may be denied access to Services until I furnish the Company with an opinion letter from my medical doctor, at my sole cost and expense, specifically addressing the Company’s concerns and stating that the Company’s concerns are unfounded.

I hereby: (1) agree to assume full responsibility for any and all injuries or damage which are sustained or aggravated by me in relation to my receiving of the Services; (2) release, indemnify, and hold harmless the Company and the distributor and manufacturer of any equipment, device, or product used during the Services, their respective direct and indirect parent, subsidiary affiliate entities, and each of their respective officers, directors, members, employees, representatives and agents, and each of their respective successors and assigns and all others, from any and all responsibility, claims, actions, suits, procedures, costs, expenses, damages, and liabilities to the fullest extent allowed by law arising out of or in any way related to the Services; and (3) represent that: (a) I have no medical or physical condition that would prevent me from receiving the Services, (b) I do not have a physical or mental condition that would put me in any physical or medical danger, (c) I have not been instructed by a physician to not receive Services or similar services, (d) no warranty or guarantee, or other assurance, has been relied upon or made to me concerning the results of the Services or the Service’s effects and side-effects, (e) knowing the risks involved, I nevertheless chose to voluntarily request the Services, (f) I am not currently under or suffering from the effects of any prescribed medication, illicit drugs, or alcohol and further represent that that I am of sound mind and make all representations freely and voluntarily, and (g) the Services provided do not constitute medical or health care services and that employees and associates of the Company are not health care practitioners and cannot diagnose and/or treat individual health problems.. Notwithstanding the foregoing (and by way of illustration only and not limitation) if any of the following apply to me or if I’m unsure for any reason, I hereby acknowledge the Company’s recommendation that I consult a medical physician before receiving Services.

In participating in the Services, I understand that I may be photographed, videoed, or otherwise recorded by the Company for safety, monitoring, training, and marketing purposes. I hereby consent to such usage of imagery, video, or other media for all and any such purpose by the Company and hereby agree that the Company without any payment to you shall in all cases be the sole owner of all intellectual and other proprietary rights therein without any restriction whatsoever.

I HAVE READ THIS ASSUMPTION OF RISK, WAIVER, AND RELEASE, FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS, INCLUDING MY RIGHT TO SUE THE COMPANY UNDER CERTAIN CIRCUMSTANCES. I ACKNOWLEDGE THAT I AM SIGNING THIS WAIVER FREELY AND VOLUNTARILY. THE TERM OF THIS WAIVER IS INDEFINITE.

I acknowledge that I have been urged to avoid bringing valuables into and onto the Company's facilities and the Company shall not be liable for the loss of, theft of, or damage to my personal property, including items left in lockers, bathrooms, or anywhere else in the Company's facilities. I acknowledge that no portion of any fees paid by me is in consideration for the safeguarding of valuables.

*Emergency Contact Name: _____ *Phone: _____

Print Name: _____ Signature: _____

Date: _____

RISKS, LIMITATIONS, AND CONTRAINDICATIONS FOR T-SHAPE 2

T-Shape 2 Sessions:

NOTE: This document may contain general information relating to various medical conditions and contraindications, some of which are based upon recommendations from the manufacturer. Such information is provided for informational purposes only and is not meant to be a substitute for advice provided by a doctor or other qualified healthcare professionals. If you have questions about your overall health or whether you have any of the conditions listed below, you should consult your doctor or other qualified healthcare professional.

Absolute NO:

- Pregnancy/lactating
- Active Implanted devices (pacemaker, urethral stimulator or internal defibrillator)
- Varicose veins in desired treatment area
- Thrombophlebitis
- Active Cancer or Cancer treatments in the past five years (unless doctor's clearance is received)
- Current Outbreak of Hives
- Active Herpes
- Glandular swelling
- Vitiligo
- Lupus
- Accutane
- Skin diseases or abnormal wound healing
- Surgery in the treatment area in the last three months
- Fillers received within the last 4 weeks in the desired treatment area
- Botox within the past two weeks in the desired treatment area
- Open lesions in desired treatment area
- Implant contraceptive (Nexplanon) (if treating the arms)
- PDO Threads in the treatment area within the last 4 months.
- Melasma + Rosacea - no RF on face

Consult Physician

- Autoimmune Diseases
- Hypotension & Hypertension
- Dilated capillaries
- Liver/Kidney Disorders
- Poorly Controlled Diabetes Type 1 & 2
- Hereditary anaphylaxis
- Keloid scar formation
- Oral/ Topical Acne Medications
- Anticoagulant Therapy
- Subcutaneous Hormone Pellets (HRT) - Please avoid the insertion site and its surrounding areas with all handpieces.
- Cardiovascular disorders
- Sensitivity to light or consuming photosensitive medications
- Metal and Mesh implants in desired treatment area
- Undiagnosed Lumps

Please note: If your client presents with a serious health concern not listed, please ask that they consult with their physician before receiving treatments.

I have read and acknowledged the risks, limitations, and contraindications of T-Shape 2 sessions.

Print Name: _____ Signature: _____

Date: _____