

Harrogate
Health & Beauty
Cosmetic Clinic

Client Consent Form

| | |
|-------|--|
| Name | |
| Date | |
| Email | |

I confirm that the proposed treatment(s) and product(s) have been fully explained to me. I hereby warrant that the information provided by me is correct.

I understand that non-disclosure of information or disclosure of misinformation concerning any matter pertaining to my health or skin condition may have adverse consequences which the qualified member of staff at Harrogate Health & Beauty will not be responsible.

Many treatments require multiple sessions to achieve best results and no guarantee can be made that a specific client will benefit from a treatment or product.

Signature

Please sign and date here