



Client Consent Form & Liability Waiver

I hereby consent to and authorize Advance Detox Center's Therapists to perform the following procedure:

I have voluntarily elected to undergo this treatment/procedure after the nature and purpose of this treatment have been explained to me.

I understand and acknowledge that there are risks involved with the treatment I will be receiving. Although it is impossible to list every potential risk and complication, I have been informed of possible benefits, risks, and complications, and I have had the opportunity to ask questions regarding these risks and other possible complications.

I also recognize there are no guaranteed results and that independent results are dependent upon health and lifestyle, and that there is a possibility I may require further treatments to obtain the expected results at an additional cost.

I have also, to the best of my knowledge, given an accurate account of my medical history, including all known allergies or prescription drugs or products I am currently ingesting or using topically.

I have read and fully understand this agreement and all information detailed above. I understand the procedure and accept the risks. I agree I will assume the risk and full responsibility for any and all injuries, losses, side effects, or damages that might occur to me while I am undergoing this procedure. I do not hold the therapist or Advance Detox Center responsible for any of my conditions that were present, but not disclosed at the time of this procedure, which may be affected by the treatment performed today.

I understand there is absolutely No-Refunds on any services or packages. I understand all packages expire one year from purchase date. I understand I must give a 24-hour cancellation notice to cancel or reschedule any appointments or I will pay full price for the scheduled service if a 24-hour notice is not given.

Printed Name

Signature

Date