**SOLE HEALTH RELEASE OF LIABILITY AND WAIVER**

By signing this Release of Liability and Waiver, I am confirming that I recognize that there may be inherent risks associated with using certain equipment, utilizing the SOLE HEALTH facilities, participating in programs and/or receiving SOLE HEALTH aesthetic/wellness treatments.

I acknowledge and agree that I am responsible for my own health; that the SOLE HEALTH associates and/or technicians cannot be expected to diagnose and/or treat individual health problems during aesthetic/wellness visits.

Consequently, in light of the foregoing, I hereby release the SOLE HEALTH (and its parent corporation(s), subsidiaries, affiliated corporations, and their respective officers, directors, shareholders and employees and waive any and all claims, liabilities, or damages for personal injuries that I may experience directly or indirectly from receiving any related aesthetic/wellness treatments, utilizing the SOLE HEALTH facilities and/or participating in the programs or activities offered by the SOLE HEALTH aesthetic/wellness.

***RESERVATION / CANCELLATION POLICY***

*I acknowledge a $50 deposit is used to reserve my appointment for Aesthetic service.*

*Deposit will be used towards the total price for my service .*

*a 24 hrs cancellation policy applies. Failure to cancel in advance and non show, deposit will be applied as non show / cancelation fee.*

**Name:**_____ **Signature:**_____

**Date:**_____ **Witness :**_____

Any guest under 18 years of age must have a parent or legal guardian sign the below acknowledgment pertaining to the release of liability and waiver.

_____

Name of Minor(s)