



# OASIS SKIN & AESTHETICS CLINIC

## Client Consent, Liability Waiver & Release

**Clinic Name:** Oasis Skin & Aesthetics Clinic

**Client Full Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Phone / Email:** \_\_\_\_\_

**Date of Treatment:** \_\_\_\_\_

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## 1. Informed Consent

I acknowledge that I am voluntarily choosing to receive aesthetic and/or skin treatments at **Oasis Skin & Aesthetics Clinic**. These treatments may include, but are not limited to:

- Advanced facials and skin therapies
- Device-based treatments
- Exosome or regenerative skin therapies
- Chemical peels and resurfacing treatments
- Body or skin rejuvenation procedures



I understand that all treatments are performed with the utmost care; however, individual results may vary.

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## **2. Acknowledgement of Risks**

I understand that all cosmetic and skin treatments carry inherent risks, which may include but are not limited to:

- Redness, swelling, bruising or sensitivity
- Temporary irritation or discomfort
- Allergic reactions
- Pigmentation changes
- Breakouts or delayed skin response
- Rare or unforeseen reactions

I acknowledge that no guarantees or warranties have been made regarding outcomes or results.

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## **3. Medical Disclosure & Accuracy**



I confirm that all medical, skin, and health information I have provided is true, accurate, and complete to the best of my knowledge.

I understand that failure to disclose relevant information may increase the risk of adverse reactions, and I accept full responsibility for such omissions.

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#### **4. Post-Treatment Care Responsibility**

I understand that following pre- and post-treatment instructions is essential to achieving optimal results.

I accept full responsibility for my aftercare and acknowledge that failure to comply with instructions may affect outcomes.

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#### **5. Release of Liability**

To the fullest extent permitted by law, I hereby release, waive, discharge, and hold harmless **Oasis Skin & Aesthetics Clinic**, its owners, practitioners, staff, contractors, and affiliates from any and all claims, demands, actions, or causes of action arising from or related to:

- My participation in treatments
- Known or unknown side effects
- Personal dissatisfaction with results
- Complications arising from undisclosed medical information



## 6. No Defamation or Malicious Claims

I acknowledge that **Oasis Skin & Aesthetics Clinic** welcomes fair and honest feedback.

I agree not to make false, misleading, defamatory, or malicious statements—whether online or offline—that may harm the reputation of the clinic, its staff, or practitioners.

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## 7. Photography & Marketing Consent (Optional)

- I consent to before-and-after photographs being taken for clinical records.
  - I consent to the use of my images for marketing, educational, or promotional purposes (identity protected unless otherwise agreed).
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## 8. Legal Acknowledgement

I confirm that:

- I am over 18 years of age
- I have read and fully understood this document
- I have had the opportunity to ask questions
- I am signing this waiver freely and voluntarily



**OASIS**

SKIN & AESTHETICS CLINIC

This agreement shall be governed by the laws of **Australia**.

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**Client Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_