

TOUCH OF BEAUTY INC.

Taking Beauty to the Next Level

Participation Wavier Form

Release and Affirmation of Conditions

In consideration of your participation in the Touch Of Beauty Inc. I, _____ hereby, for myself, my heirs, executor and administrators, assume all risk of injury, harm, or damage to myself or others or to any property arising from my participation in this activity and agree to indemnify, defend and hold harmless "Touch of Beauty Inc.", www.MyTouchofBeauty.com and their respective subsidiaries, officers, employees, agent and any other person and entities associated with this activity, against any and all liability, actions claims and instructions and guidelines set forth by Touch Of Beauty. I, _____, allow Jennifer Phung to perform _____

Type of Procedure

On this day of _____, I have been given Pre and Post care

Date of Procedure

Instructions along with an after care kit. I fully understand that a Before and After picture will be taken for Jennifer's portfolio which may be found on the Internet at www.MyTouchofBeauty.com. I have been made aware of a follow up visit for a free minor touch up after **60 days**, thereafter a charge may occur after the sixty days. I attest and verify that I am physically fit to participate and know that the risk involved by my participation in this activity. I understand that my procedure will be carried out in a professional manner and disposable needles and parts will be sterile and used only once. I understand that my procedure will follow all Occupational Safety and Health Administration (OSHA) standards.

Name (Please Print): _____

Signature: _____

Witness(s) _____ **Date:** _____

**** Thank you very much for letting me be a part of a new you. Your time and your patience is very much appreciated****

~ Jennifer Phung