

HAIR BARE™

PROFESSIONAL

What's all the Fuzz About?

Please read and sign the following information. It is your right to be fully informed about your Hair Bare treatment and its after care.

Hair Bare has been developed to offer a relaxing luxury permanent hair reduction treatment for clients who want to take the pain out of hair removal from waxing to threading, the days of no pain no gain are over! Long lasting results, only needing around 3 to 4 top up treatments per year (depending on client medical history) after their initial course of 6 treatments. This treatment really is going to re-evaluate how we remove hair in the future.

Hair Bare is about not only removing hair and making the skin soft and bright, but also performing a spa type treatment for the clients so they feel like they are getting much more than just hair removal, they will leave relaxed and hair free!

Hair Bare is designed to abort the surface epidermal cells of the skin, dissolve hair, soften the tissue and assist in excreting dead and dying cells. The series of treatments prescribed by a qualified technician gives a similar effect as a chemical peel without the trauma of a controlled burn or the uncomfortable convalescence required by conventional medical peels.

It is safe for all skin categories and races and is recommended in treating light acne scars, fine wrinkles, folliculitis, dark pigmentation and excess hair. Results may vary from person to person.

I understand the above description of Hair Bare and in addition, I understand the following:-

1. While Hair Bare treatment will give a definite improvement and restoration of health to my skin, topical chemistry, like surgery is not an exact science. Therefore, the skin therapist performing my procedure, cannot guarantee exact results or a definite time in which optimum results may be achieved.
She can only offer testimony to past cases including any before and after photos that a prior client may have released for viewing.
2. While Hair Bare is usually accompanied by minimum discomfort, provided I faithfully follow Home Prescriptives given to me by my technician, I may experience the following:-
 - a. Redness and slight sandpaper effect on the skin
 - b. Peeling proceeded by a crusty hardness to the skin surface
 - c. Irritation around the eyes and the mouth area, sometimes on the chin
 - d. An outbreak of pimples or gases and other impurities that were already present in the skin
 - e. A slight burning sensation or "sunburn" sensation in the early stages of the treatment
 - f. An irritated, open lesion that may weep and then scab and heal normally (requires antibiotic gel as prescribed by physician or therapist)

3. I understand these contraindications are temporary and often accompany a successful treatment over a period of time.
4. I will notify and make an appointment with my therapist, should any contraindications become concerning.

Hair Removal

1. I understand that in my case, Hair Bare hair removal treatments may not be permanent. I understand that Hair Bare does not affect the growth rate or shock the hair into delaying the growth rate, as per waxing.
2. I understand that I am getting exfoliation as an added benefit to hair removal.
3. I understand that Hair Bare weakens my excess hair as opposed to encouraging more growth or coarsening my hair.

SHOULD NONE OF THE CONTRAINDICATIONS LISTED ABOVE OCCUR, I UNDERSTAND THAT THIS IS NOT A SIGN THAT THE TREATMENT IS EFFECTIVE, BUT SHOWS THAT I AM IN EXCELLENT HEALTH AND THAT I RESPOND WELL TO THE ORGANIC MATERIAL.

I HEREBY PROMISE TO ONLY USE THE PRODUCTS GIVEN TO ME BY MY TECHNICIAN, DURING THE ENTIRE TREATMENT AND AN ADDITIONAL WEEK FOLLOWING THE TREATMENT.

I also understand that chances of suffering permanent skin damage from Hair Bare are practically non-existent.

Signature: _____ Date: _____

Practitioner Signature: _____ Date: _____

Please read and sign the following information. It is your right to be fully informed about your Hair Bare treatment and its after care.

Although Hair Bare treatments have given very effective results and been safe, please consider the below contraindications with your practitioner.

If you take any of following medication, treatments are not recommended:-

- | | |
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| • Coumadin (blood thinner) | - within last 6 months |
| • Roaccutane (acne treatment crème) | - within last 6 months |
| • Imitrex / Sumatriptan (migraine treatment) | - within 24 hours |
| • Meridian & all diet pills | - body & skin should be hydrated before treatment |
| • Pregnisone (steroids) – for asthma, acute allergic reactions, arthritis, lupus. This slows healing times. | - within last week |
| • AHA's (daily use of products with AHA's will dehydrate skin) | - within 1-4 weeks depending on type of acid |

The above is not all inclusive and only intended as a guide. Please make sure you declare all medication you are taking (haven taken in the last 6 months) to your practitioner.

Appearance of skin during treatment

You may experience the following:-

- Possible stinging
- Dry flaky skin
- Some slight soreness
- Pimples (arising from impurities in the skin)

The new and healthy skin will appear once the dry / dead skin comes loose.

IT IS EXTREMELY IMPORTANT THAT YOU ONLY USE YOUR 'HAIR BARE' PRESCRIPTIVES. OTHER PRODUCTS MAY CAUSE UNWANTED REACTIONS TO THE TREATMENT.

I HEREBY CONFIRM THAT I HAVE READ ALL OF THE ABOVE INFORMATION AND BEEN GIVEN A COPY OF HAIR BARE AFTER CARE LITERATURE. I ALSO CONFIRM THAT I HAVE ASKED ANY QUESTIONS I MAY HAVE HAD ABOUT THE TREATMENT.

I AGREE TO GIVE NOTICE TO MY PRACTITIONER IN THE EVENT OF ANY RESULTING CONTRAINDICATIONS ARISING FROM THIS TREATMENT. I ALSO AGREE TO HOLD MY PRACTITIONER WITHOUT FAULT, SHOULD I EXPERIENCE ANY CONTRAINDICATION OR DISCOMFORT AS A RESULT OF THE TREATMENT.

I WILL INFORM MY PRACTITIONER SHOULD MY MEDICAL HEALTH CHANGE DURING THIS TREATMENT.

Signature: _____ Date: _____

Practitioner Signature: _____ Date: _____

The client should keep a copy of this consent form for his / her own reference