

**Master Customer Agreement
Informed Consent, Release & Waiver**

Date of Birth / /

Name: **First** **Middle** **Last**

Blue MedSpa, LLC ("Blue MedSpa") leases the premises at 350 The Bridge Street Suite 116, Huntsville, AL 35806 to provide non-medical spa products and services ("Blue MedSpa Services"). 350 Med, LLC ("350 Med") leases space from Blue MedSpa in order to provide medical spa products and services ("350 Med Services"). Both Blue MedSpa and 350 Med use some of the same personnel to provide their respective services. All personnel providing Blue MedSpa services are exclusively employees or contractors of Blue MedSpa as to those services. All personnel providing 350 Med Services are exclusively employees or contractors of 350 Med as to those services. As an illustration, an individual providing 350 Med Services to you who is wearing a "Blue MedSpa" shirt is nevertheless exclusively a 350 Med employee or contractor as to those services, even though that individual may also perform services for Blue MedSpa and be wearing the Blue MedSpa brand.

As an illustration, each entity provides the following respective services:

Blue MedSpa Services

- Facials-Traditional;
- Microdermabrasion;
- Peels: All Types;
- Microderm & Peel;
- Organic Hair Services
- Nail Services;
- Massage Therapy; and
- Cosmetics.

350 Med Services

- IPL: Intense Pulse Light Photorejuvenation with Photolight;
- Laser Hair Removal with Apogee Elite Laser; Laser Facial with Apogee Elite Laser;
- Laser Vein Treatment with Apogee Elite Laser;
- Laser Rosacea Treatment with Photolight or Apogee Elite Laser;
- Laser Brown Spot Removal;
- Sclerotherapy Vein Injections;
- Botox Injections;
- Injectable Fillers: Collagen, Restylane, Radiesse etc.; and
- Permanent Makeup
- Smartlipo
- Laserdermology
- Thermage

Blue MedSpa Services and 350 Med Services are subject to the respective entity's policies pertaining to those services and the consents, disclosures and agreements related to those services. I understand that only 350 Med provides medical services and that all non-medical services are provided only by Blue MedSpa. I acknowledge that these risks as well as treatment alternatives have been explained to me, that I have had the opportunity to have any questions answered by a physician or other qualified personnel, and that I consent to the provision of medical services by 350 Med. I acknowledge that 350 Med Services and Blue MedSpa Services possess risks, known and unknown. As a pre-condition to purchasing and receiving the 350 Med Services and Blue MedSpa Services, I will inquire about any risks associated with receiving the 350 Med Services and Blue MedSpa Services prior to receiving such services if they are not explained to me verbally or disclosed in written documentation or consents. Such risks may include: worsening of any medical condition or injury I might have, personal injury, theft, or contagion.

I represent and warrant that I consult a physician on a regular basis regarding my general overall health. I represent and warrant that I will not purchase or receive Blue MedSpa Services or 350 Med Services if I am aware of a condition or injury that may make such services inadvisable. I understand that I am advised to consult my physician regarding both 350 Med Services and Blue MedSpa Services prior to purchasing and receiving such services. I promise not to file a claim against or sue Blue MedSpa (or its owners, directors, employees or agents) arising out of or related to 350 Med Services or 350 Med acts or omissions, and not to file a claim against or sue 350 Med (or its owners, directors, employees or agents) arising out of or related to Blue MedSpa Services or Blue MedSpa acts or omissions. I hereby release and hold harmless Blue MedSpa and its owners, directors, employees or agents from all claims or liability arising out of or related to 350 Med

Services or 350 Med acts or omissions. I hereby release and hold harmless 350 Med and its owners, directors, employees or agents from all claims or liability arising out of or related to Blue MedSpa Services or Blue MedSpa acts or omissions.

I acknowledge and understand that, prior to receiving any Blue MedSpa Services or 350 Med Services; I have asked or will ask to be informed in general terms of the following: (a) the nature and purpose of the services; (b) the material risks of the services; and (c) the practical alternatives to services. If I have further questions or concerns regarding any services, I agree to ask my physician to provide additional information prior to receiving such services. I understand that the Blue MedSpa Services and 350 Med Services are not an exact science and that NO GUARANTEES OR ASSURANCES HAVE BEEN MADE TO ME concerning the outcome and/or result of the Blue MedSpa Services or 350 Med Services.

I understand that the personnel providing my services will rely upon my documented and verbal medical history, as well as other information obtained from me, or others having knowledge regarding me, in determining whether to perform the services or the course of treatment for my condition and in recommending the services.

I represent and warrant (i) that I will provide 350 Med and Blue MedSpa with accurate and complete information pertaining to my health, any medical conditions I have and medications I might be taking, and (ii) that I have received, read, understood and signed the informed consent associated with each service or product I purchase, or that I will ask to receive such informed consent and read and understand it before I receive such service or product.

I have read and I understand the terms of pages 1 and 2 in this Agreement.

Print Name _____

X _____
Guest's (or Guardian's) Signature **Date**

BLUE MEDSPA Receipt of Notice of HIPAA Privacy Policies Written Acknowledgment Form.

I, _____, have received a copy of BLUE MEDSPA's Notice of Privacy Policies.
Patient Name

X _____
Signature of Patient Date