



WAIVER FOR SALON SERVICES

In consideration of my participation in mobile esthetics services (Manicure, Pedicure, Depilation, Facials, etc.) with **Maureen McGuire**, I hereby release, discharge and covenant not to sue **MobiCure Mobile Esthetics** located at 1213 Clyde Avenue, Ottawa, Ontario, its directors, officers, employees and agents from liability from any and all claims including negligence of Maureen McGuire, its officers, employees and agents, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in the salon service.

I understand that the esthetician does not diagnose illness, disease or other physical or mental disorders, or prescribe medical treatments or pharmaceuticals and that services rendered by the esthetician are not medical in nature and are not a substitute for diagnosis and treatment by a licensed medical professional.

I have stated all known medical conditions, and have consulted a physician regarding checked or prescribed conditions, and I shall update my esthetician with any changes in my health, and my esthetician shall not be liable should I fail to do so.

I hereby understand that my participation in the salon service shall carry certain inherent risks that cannot be eliminated regardless of care taken to avoid injuries. Risks may include, but are not limited to, minor injuries such as bruises, scratches, skin irritation and minor bleeding, major injuries such as eye injury, loss of sight, infection, heart attacks, and concussions, and catastrophic injuries such as paralysis or death.

I hereby state that my participation in this salon service is voluntary, and I assume all such risks. I shall indemnify and hold harmless Maureen McGuire and MobiCure Mobile Esthetics, their respective directors, officers, employees, agents, representatives, insurers, successors and assigns, from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including legal fees brought as a result of my participation in salon service(s), and shall reimburse them for any such expenses as incurred.

If any part of this waiver shall be held invalid, the balance shall, notwithstanding, continue in full legal force and effect.

I have hereby read and understand this waiver and release MobiCure Mobile Esthetics, its directors, officers, staff, contractors, estheticians and practitioners from any and all liability, past, present and future relating to salon services. I am giving up substantial rights, including rights to sue, and I acknowledge that I am signing this waiver voluntarily.

DATED at _____ this ____ day of _____, _____.

Client Signature

Client Printed Name

If client is under the age of 18, parent/guardian must sign below:

Name (printed): _____

Agreed to by: _____ Date: _____
Signature