

ATHENA & PLUTUS Diode Laser & SKINBRITE MULTI-IPL Treatment Consent Form

Contraindication Risk Acknowledgement, Informed Consent & Liability Waiver (Canada)

Clinic Name: _____ Client Name: _____

Clinic Address: _____ Date of Birth: _____

Date: _____

1. PURPOSE OF THIS DOCUMENT

This document is intended to confirm that the undersigned client has been fully informed of the known and potential risks associated with laser and/or IPL treatments when relative contraindications are present, and that the client voluntarily elects to proceed with treatment despite those risks.

This waiver is used in accordance with Canadian professional practice standards for non-surgical cosmetic laser and light-based procedures.

2. DISCLOSURE OF RELATIVE CONTRAINDICATION(S)

The client acknowledges that they have disclosed, or have been advised that they may have, one or more of the following conditions that may increase the risk of complications from laser or IPL treatment (check all that apply):

- Type 2 Diabetes (diet or medication controlled)
- History of delayed wound healing
- Circulatory or vascular compromise
- Autoimmune condition in remission
- History of abnormal scarring
- Other (specify): _____

The client confirms that they do not have Type 1 diabetes, uncontrolled diabetes, active ulcers, active infection, or any absolute contraindication that would prohibit treatment.

3. EXPLANATION OF RISKS

The client understands and acknowledges that:

- Laser and IPL treatments create a controlled thermal injury to the skin.
- Certain medical conditions, including Type 2 diabetes, may impair circulation, immune response, and wound healing.
- These factors may increase the risk of delayed healing, infection, blistering, pigmentation changes, scarring, or other adverse reactions.
- Individual response to treatment cannot be predicted or guaranteed.

The client confirms that these risks have been clearly explained, all questions have been answered, and no guarantees or assurances of outcome have been made.

4. VOLUNTARY ASSUMPTION OF RISK

The client knowingly, voluntarily, and expressly assumes all risks associated with proceeding with laser or IPL treatment despite a relative contraindication.

The client confirms that they: - Are proceeding of their own free will - Understand that elective cosmetic treatment is not medically necessary - Have had sufficient opportunity to decline or postpone treatment.

5. RELEASE AND LIMITATION OF LIABILITY

To the fullest extent permitted by Canadian law, the client hereby releases, waives, and discharges the clinic, its owners, directors, officers, employees, contractors, students, and service providers from any claims, demands, damages, or causes of action arising from or related to:

- Known or disclosed relative contraindications
- Delayed healing or adverse skin reactions
- Complications arising despite appropriate screening, technique, and adherence to professional standards

This waiver does not apply to acts of gross negligence or willful misconduct.

6. MEDICAL CARE AND FOLLOW-UP

The client understands that if an adverse reaction occurs, they may be advised to seek medical attention from a qualified healthcare provider other than the cosmetic laser practitioner.

7. CONFIRMATION OF TRUTHFUL DISCLOSURE

The client confirms that all medical history and health information provided is true, complete, and accurate to the best of their knowledge. The client understands that failure to disclose relevant medical information may increase risk.

8. GOVERNING LAW

This agreement shall be governed by and interpreted in accordance with the laws of the Province/Territory of _____ and the laws of Canada applicable therein.

9. ACKNOWLEDGEMENT AND SIGNATURES

I have read and fully understand this document. I have had the opportunity to ask questions and receive satisfactory answers. I voluntarily consent to proceed with laser/IPL treatment under the conditions outlined above.

Client Name: _____

Practitioner Name: _____

Client Signature: _____

Practitioner Signature: _____

Date: _____

Date: _____

This document is intended for use in professional cosmetic laser and IPL settings and does not replace medical advice or physician clearance when required.