

A NATURAL DIFFERENCE™



PEEL RELEASE/WAIVER FORM

I, _____ full name) of _____ (business/salon name) in _____ (city) _____ (county) _____ (state/province), _____ (county) hereby affirm that I have previously completed any and all courses of instruction and have received any and all certifications and licenses required by the aforementioned city, county and state/province to legally allow me to apply top strength products/peels of 20% and up, and chemical combination of peels 20% and up. I also certify that the business or other entity for which I work has received any and all certifications and licenses required by the aforementioned jurisdiction. Henceforth in this document any and all references to me personally shall be deemed to include any and all partnerships corporate or legal entities over which I exercise control in any capacity. By purchasing the aforementioned products from A Natural Difference, I certify that I am cognizant of all inherent dangers of applying the aforementioned peels and of the safety ruled for activities/proper procedure required to safely perform such peels.

I understand that neither A Natural Difference nor any of its employees or agents undertakes to teach safe procedures for the application of the aforementioned products nor is it their function to serve as the guardians of my customers safety.

I understand and agree that neither A Natural Difference nor any of its employees or agents may be held liable in any way for any occurrence in connection with the products' formula that may result in injury or other damages to myself, my customers or my employees.

In consideration of being allowed to buy the aforementioned products, I hereby personally assume all risks inherent in their application and use. I further release A Natural Difference, its employees and its agents from any and all liability from all risks foreseen or unforeseen. In addition, I agree to save, hold harmless, and indemnify A Natural Difference, its employees and agents from any claim brought by me, my company, its employees, agents and customers.

If any court of competent jurisdiction should determine that this release/waiver exceed the legal bounds in said jurisdiction then I agree that this document should be reformed only to the extent necessary to meet the maximum release/waiver allowed by law.

I certify that I am of lawful age and legally competent to sign this affirmation and release. I understand the terms of this release and the fact that such terms are not a mere recital and sign this release as my own free act. I certify that I have read this release before signing it. Facsimile copies of this document and any signatures thereon shall be treated as originals for any and all purposes up to maximum extent allowed by applicable law.

In witness whereof I execute this affirmation and release this _____ day of _____ 20____.

Signature_____

Print Name_____