

AQ SKIN SOLUTIONS PHOTO RELEASE FORM



Photo Release Form

I hereby grant permission to AQ Skin Solutions, Inc., its agent or employees, their successors and assigns, the use of photographs taken of me for use in their materials.

[_____] Initial here if AQ may also use your name and biographic information (such as age, race, residence) as well as quotes or other information supplied by you. If you do not initial above we will not include personal information about you.

I hereby waive any right to inspect or approve the finished photographs, or printed or electronic matter or accompanying copy or text that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photograph.

I hereby agree to release, defend and hold harmless AQ Skin Solutions, Inc. and its agents or employees, from and against any claims, damages for liability arising from or related to the use of the photographs, or production of the finished product, its publication or distribution.

I have read this release before signing below, and I fully understand the contents, meaning and impact of this release.

Location of Photo: _____

I represent that I am at least eighteen (18) years old and have full right, power, and authority to enter into this Agreement on my own behalf. [If you are under 18 years old, a parent or guardian must also sign below.]

SIGNATURE

PRINT NAME

DATE

Additional Information

Pre-existing Conditions: _____

Pre-care Regimen: _____

Weekly Alcohol Intake: _____

Age: _____ **Smoker: Yes / No**

Exercise: _____

Diet: _____

If you are under eighteen (18) years old, a parent or legal guardian must also sign below:

I hereby represent and warrant that I am the parent or legal guardian of the minor who signed this agreement above, and I hereby agree that we both shall be bound by this Agreement.

SIGNATURE of Parent/Legal Guardian

PRINT NAME

DATE

AQ SKIN SOLUTIONS INFORMED CONSENT FORM

AQ Skin Solutions Informed Consent Form

Introduction

The purpose of this consent form is to inform you about the Growth Factor Induced Therapies (GFIT®) with AQ Skin Solution products and any potential side effects or risks associated with them. One or more of the following procedures may apply to you: AQ Recovery Serum with DermaStamp/Laser treatment, AQ Advanced Hair Complex with DermaStamp, and/or AQ Vaginal Rejuvenation with Laser Treatment. It is important that you read this information carefully and completely. If you do not understand or are unsure about any part of this consent form, you must ask for clarification before signing this document.

AQ Growth Factor Induced Therapy (GFIT) Overview

AQ GFIT triggers skin rejuvenation through the introduction of active peptides, growth factors, and proteins into the skin. These proteins create a response to reduce the appearance of aging and result in skin that looks younger and is more resilient. It is utilized by both men and women to promote healthy skin and potentially reduce the appearance of fine lines, wrinkles, photo-damage, scars, and acne.

- **Benefits:** No downtime, very little discomfort, minimal preparation and restrictions, suitable for most skin types, faster recovery and healing. Please consult physician for specifics.
- **Drawbacks:** Achieving optimal change and improvements requires more than one treatment. The number of treatments and the schedule of sessions depend on skin/hair type and desired results.

AQ Recovery Serum with DermaStamp or Laser Treatment

AQ GFIT incorporates the use of AQ Recovery Serum with AQ DermaStamp, a Class I medical device approved by the FDA. AQ Dermastamp allows the topically applied serum to enter into the skin by creating hundreds of temporary

microscopic channels within the target areas that result in the delivery of peptides and proteins into the Dermis of the skin.

AQ Advanced Hair Complex with DermaStamp

AQ Advanced Hair Complex is a new approach to tackling the problem of hair loss by treating the condition of the scalp. It is utilized by both men and women to promote a healthy scalp that fosters healthy hair growth. AQ Advanced Hair Complex incorporates the use of several human-derived growth factors that are applied topically and allowed to penetrate deep within the hair follicles through the use of AQ DermaStamp, a medical device. AQ DermaStamp creates hundreds of temporary microscopic channels within the target areas that allow for the growth factors to be delivered to the deeper layers of the scalp. This procedure is not designed for alopecia but addresses the loss of hair due to stress, hormones, lifestyle, and chemical services such as hair coloring and/or bleaching, permanent wave, extensions, etc.

AQ Vaginal Rejuvenation System with Laser Treatment

AQ Vaginal Rejuvenation System (VRS) is a growth factor serum that aims to restore natural vaginal functions by soothing dryness and irritation, improving vaginal wall elasticity, and tightening the vaginal walls. AQ VRS is used in conjunction to vaginal CO₂ lasers to provide maximum benefits. Vaginal CO₂ lasers promote collagen formation and skin tightening by removing damaged cell lines and overtime, generating new cells. Using AQ VRS can also help speed up the recovery process and generate healthier cells faster.

Importance of Patient Follow-through

Patient follow-through before and after a treatment is imperative. Instructions must be followed in order to avoid possible complications and to ensure optimal results.

Review and clarify regimens with your doctor or technician before signing this document.

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Risks of AQ GFIT

All procedures of the skin, scalp, and vagina have associated risks and complications. Risks involve both, items that specifically relate to the use of growth factors as a form of therapy and to the specific procedure performed with the DermaStamp or Laser.

- **Infection:** Although highly unlikely, bacterial, viral, and fungal infections can occur. Should any skin, scalp, or vaginal infection occur, additional treatment, including antibiotics, may be necessary.
- **Unsatisfactory Results:** There is a possibility of an unsatisfactory result from these procedures. Each individual is different, with different outcomes, success levels, and expectations.
- **Skin Cancer/Skin Disorders:** The AQ GFIT does not offer protection against developing skin cancer or skin disorders in the future.
- **Pain:** Some patients may feel some pain during treatment. Generally, this is very mild. Please speak to your physician about any concerns.
- **Allergic Reactions:** In rare cases, localized allergies to ingredients used in cosmetics or topical preparations have been reported. Systemic reactions, which are more serious, may result from drugs used during procedures and prescription medicines. Allergic reactions may require additional treatment.
- **Lack of Permanent Results:** Treatments and procedures may not completely improve or prevent skin condition, future hair loss or thinning, and/or vaginal wall elasticity and dryness. Additional series may be required to reach an optimal level of results. Please consult your physician for more details.
- **Unknown Risks:** There is a possibility that additional risk factors of this procedure may be discovered.

Additional Treatments Necessary

There are many variable conditions that influence the long-term result of any procedure. Even though risks and complications occur rarely,

the risks cited are potentially associated with these procedures. Other complications and risks occur, but are even more uncommon. Should complications occur, additional types of treatments or procedures may be necessary. Performing cosmetic procedures is not an exact science. Though desired results are expected, there is no guarantee or warranty expressed or implied on the results that may be obtained.

Disclaimer

Informed consent documents are used to communicate information about the proposed AQ GFIT, including AQ Recovery Serum with DermaStamp and Laser treatment, AQ Advanced Hair Complex with DermaStamp, and AQ Vaginal Rejuvenation System with Laser Treatment, along with disclosure of risks from the proposed procedure(s). The informed consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances.

Informed consent documents should not be considered all inclusive in defining methods of care and risks encountered. Your doctor or technician may provide you with additional or different information that is based on all the facts in your particular case and the state of medical knowledge. Informed consent documents are not intended to define or serve as a standard of medical care.

***SIGN CONSENT ON THE FOLLOWING PAGE.**

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Patient name: _____ Date: _____

Clinic/Doctor's Office/Medical Spa: _____

Administrating Treatment: _____

Area(s) to be treated: _____

- Consent for AQ Recovery Serum with DermaStamp Procedure
- Consent for AQ Advanced Hair Complex with Dermastamp Procedure
- Consent for AQ Recovery Serum with Laser Treatment Procedure
- Consent for AQ Vaginal Rejuvenation System with Laser Treatment Procedure

I recognize that during the course of treatment, unforeseen conditions may necessitate different treatment(s) or a change in schedule. I authorize that the procedure will be performed under professional judgment, necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatments and are not known at the time the procedure has commenced.

I understand that success of the procedure varies with each individual and the type of condition they are experiencing.

I voluntarily request this procedure by the physician or technician. This procedure has been explained to me, and my questions regarding such treatment, its alternative(s), its complications, and its risks have been answered. The information that I have been given has been in terms clear to me, and I understand the risks and complications. My questions have been fully and completely answered for me, and I have read this document and understand its contents. I hereby give my full and unrestricted informed consent for the procedure.

I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.

I, _____(initial), hereby give my permission to have my photograph be taken for diagnostic purposes and to accurately document the patient's records in the usual and customary manner, as well as to photograph and/or film all the procedures for educational, training, televising, and marketing purposes.

DO NOT SIGN THIS FORM UNLESS YOU HAVE READ IT AND FEEL THAT YOU UNDERSTAND IT. DO NOT SIGN THIS FORM IF YOU HAVE TAKEN MEDICATIONS THAT MAY HAVE IMPAIRED YOUR MENTAL ABILITIES OR IF YOU FEEL RUSHED OR UNDER PRESSURE.

PATIENT SIGNATURE

PATIENT NAME (PRINT)

DATE