



Membership Agreement

THIS IS A MEMBERSHIP AGREEMENT between Simplicity and you, the undersigned client. Simplicity is agreeing to finance your laser hair removal treatments based upon the terms and conditions contained in this Agreement. By signing below, you represent to Simplicity that you are at least 18 years of age, or will have a legal guardian sign on your behalf, and that you have read and understand this Agreement, and that you agree to its terms.

MEMBER INFORMATION

MEMBER NAME: _____ PHONE #: _____ TODAY'S DATE: _____
ADDRESS: _____ CITY/STATE/ZIP: _____

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EMAIL: _____ GENDER: _____ BIRTH DATE: _____

RELATIONSHIP TO SIGNER: _____ REFERRAL SOURCE: _____

Treatment Program: _____ REFERRED BY: _____

First Payment Date _____ CLINIC: _____

Total Cost \$ _____

Promotional Discount \$ _____

of Monthly Payments _____

Monthly Cost \$ _____

Setup Fee \$19 _____

First Payment Total (Setup Fee+First Month) \$ _____

Recurring Draft Date _____

Duration of Service M2M PCKG 18 24

PROMOTIONAL DISCOUNTS:

TREATMENT AREAS/SPECIAL INSTRUCTIONS:

RESPONSIBLE PARTY INFORMATION LAST NAME: _____ FIRST NAME: _____ MI: _____ PHONE #: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

TERMS OF SERVICE

You have purchased laser hair removal services for the listed body areas. Treatments may be spaced from 4-12 weeks apart, based on clinical standards determined exclusively by Simplicity. Treatment areas are not commutable and cannot be interchanged.

Release of Liability/Accumulation of Risk: By signing this Agreement, you verify and agree that: you have consulted with a Simplicity representative and you have had the opportunity to discuss your questions, you understand that results are NOT guaranteed and most clients can experience hair reduction of up to 80% with a completed series of laser hair removal treatments but individual results cannot be predicted and the effectiveness of your treatments may be greatly diminished by a number of factors beyond Simplicity's control, including, but not limited to: UV light exposure prior to or after treatment, pregnancy, your application of topical products (including makeup, skin ointments, lotions, etc.), natural hormonal changes, medications you are now taking or may take in the future, and your diligence in completing the recommended treatment schedule; you understand what to expect from your treatments including the possibility that you may not achieve the desired results or that you may experience side effects including, but not limited to: hyperpigmentation(darkening of the skin), hypopigmentation (lightening of the skin), minor burns, temporary redness, follicular edema (pink/red "puffiness") and small bumps like "goosebumps", swelling and itching; and you understand that your membership cannot be cancelled and that payments will not be refunded because you experience side effects or the lack of desired results.

Paramount Authorization: You understand that all payment processing, customer service and collection of this contract will be handled by Paramount Acceptance. You hereby authorize Paramount Acceptance to draw items (checks, electronic fund transfers, charge cards) for the purpose of paying said payments, including any late fees or service fees from the account listed above.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE CAREFULLY READ AND UNDERSTOOD ALL THE TERMS OF THIS AGREEMENT, INCLUDING THE RELEASE OF LIABILITY/ASSUMPTION OF THE RISK TERMS ABOVE, AND THE MEMBERSHIP POLICIES STATED ON THIS AGREEMENT