



## Client Release and Commitment Form

I agree to the following conditions of my Lypossage™ Body Contouring Program:

- To keep all of my Lypossage™ appointments
- To do the recommended Lypossage™ HomeCare
- To maintain (at least) my normal eating habits
- I consent to being photographed once every three sessions for the purpose of recording changes in the target areas
- I consent to be measured every session for the purpose of recording changes in the target areas
- I will report any significant health issue that may occur during the Lypossage™ Body Contouring Program
- I am aware that all files, photographs and measurements are the property of the Certified or Licensed Lypossage™ facility
- I give my permission for the Lypossage™ Practitioner or licensed facility to publish statistical data and photographs derived from my Lypossage™ Body Contouring Program

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(signature)

(date)

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(print name)

(Witness)

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(address)

(city)

(state)

(zip code)