

KUSUM COSMETICS LIABILITY RELEASE FORM

I hereby confirm that I am licensed and insured to perform professional skin care services and treatments and have acquired the skin care training that would qualify me to perform professional treatments.

I acknowledge that I wish to use Kusum Cosmetics products for my professional use. I take full responsibility for any adverse outcomes that may arise from performing professional treatments from Kusum Cosmetics products.

I automatically release Kusum Cosmetics from any liability in the event of any negative outcomes or adverse effects associated with professional treatments provided using Kusum Cosmetics products.

I agree to indemnify and hold Kusum Cosmetics, its parent companies, successors, assigns, licensees, agents, officers, directors, employees and representatives (individually and collectively, "Agents") harmless from and against any third party claims, liabilities, costs and expenses (including reasonable attorney's fees and legal costs) in connection with any claim that arises from the use of Kusum Cosmetics products.

I will reimburse Kusum Cosmetics upon demand for any payment made by Kusum Cosmetics with respect of any claim, liability, damage or expense to which the foregoing indemnity relates. By signing below, I acknowledge that I was given adequate time to review the professional applications, terms and conditions stated on this form and agree to the conditions. Also, by using Kusum cosmetics products and the contents and features of kusumcosmetics.com, I agree to the terms and conditions of kusumcosmetics.com.

Name	Signature

Name of Business	Business License Number

Phone	Date

Address

Please email to [support@kusumcosmetics.com](mailto:support@kusumcosmetics.com)

City/State/Zip code