



WAXING TREATMENT

Consent Form

I hereby consent to and authorize _____
to perform the following procedure: _____

Please initial each statement:

- _____ I am aware of side effects including, but not limited to: allergic reaction, irritation, redness, burning, swelling, soreness, bruises or bumps.
- _____ I am aware certain medications and over the counter products can increase the risk of injury when combined with skin care services. I am not using any medications that may cause such injury/reaction. I will advise my esthetician if this changes.
- _____ I have been off of Accutane for at least 12 months and I am not using Retin-A, any products contacting alpha hydroxyl, or doing any other skin thinning treatments.
- _____ I have not used a scrub, take home micro-dermabrasion, glycolic peels, other peels, exfoliated or tanned in the last 72 hours.
- _____ I do not have any open skin lesions or active herpes outbreak (cold sore or genital).
- _____ I agree to adhere to all safety post care including: no peels, tanning or wet room services; no swimming/spas/hot tubs for 72 hours after waxing; and all home skin care protocols as recommended by my service provider.
- _____ For Brazilian and/or bikini waxing, I will notify my service provider if I am on my menstrual cycle.
- _____ I understand that my esthetician have the right to refuse services for all waxing if proper hygiene is not followed.
- _____ I am over 18 years of age or I have parental consent co-signed below.

My signature acknowledges that I have read and agree to receive the treatments or series of treatments listed above and that I will adhere to all of the aforementioned statements that I have initialed. I fully understand the risks and side effects associated with the treatment. I freely assume these risks and release the provider and the Esthetician of all liability.

Client Name (printed)

Client Name (signature)

Date