WAXING CONSENT FORM

Name:	Date:
Address:	
City, State & Zip:	Referred by:
Phone Number:	Email Address:
I,, give co (print name) Room to perform the following wax services:	onsent to the service provider at The Treatment Room
I have not used a scrub, Retin-A, Retinol OTC, ta peels, exfoliated or tanned in the last 72 hours.	ake home micro-dermabrasion, glycolic peels, other
I have been off of Accutane for at least twelve (1	2) months.
Some possible side effects include redness, swe generally fade within 72 hours.	elling and pimples, but these are temporary and
For Brazilian and/or bikini waxing, I will notify m	ny service provider if I am on my menstrual cycle.
I do not have any open skin lesions or active he	erpes outbreak (cold sore or genital).
I understand that with treatment certain risks ar from known or unknown causes could occur. I freely ass	e involved and that any complications or side effects ume these risks.
I agree to adhere to all safety post care includir swimming/spas/hot tubs for 72 hours after waxing; and a service provider.	
I am over 18 years of age or I have parental co	nsent co-signed below.
I will call to inform my service provider of any cooccur.	omplications or concerns I may have as soon as they
My signature acknowledges that I have read and agree t above and that I will adhere to all of the aforementioned	
Client Signature	Date
Guardian Signature	Date
Service Provider Signature	Date

We have the right to refuse services for all waxing if proper hygiene is not followed. For Brazilian and bikini waxes, please use the provided wipe to cleanse area.