

Waxing Consent & Release

Please read carefully and sign.



Medical Screening (check Yes or No)

Have you taken Accutane in the past 12 months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you using retinoids (RetinA, Differin, Tazorac) or acne meds?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Recent exfoliating treatments or chemical peels? (past 7 days)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Taking antibiotics, birth control, or hormone replacement?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Skin/immune conditions (AIDS, Lupus) that may compromise healing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Allergies to wax, latex, or adhesives?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Tanning bed or significant sun exposure within 24–48 hours?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Rosacea, eczema, psoriasis, varicose veins, open skin?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Pregnant, diabetic, or receiving cancer treatments?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Currently menstruating or about to begin?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If YES to any, please explain (include dates/medications):

Procedure. Wax is applied to the skin and quickly removed, taking hair from the root. **Side effects** may include temporary discomfort, redness, welts, hives, skin lifting, or small breakouts. Most reactions subside within a few days. Contact us immediately if severe or persistent effects occur.

By signing below, I acknowledge the risks associated with waxing. I certify that my answers are true and I understand that withholding information or failing to follow aftercare may increase risks. To the maximum extent permitted by law, I release and hold harmless the business, its owners, and staff from any claims arising from the procedure(s). I understand results vary and no guarantees are made.

Client Name (print)

Date

Client Signature

Guardian Signature (if minor)

Technician Signature

Date