

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