

WAXING INTAKE & LIABILITY WAIVER

Name: _____ Phone: _____ Date: _____

DOB: _____ Email: _____

How did you hear about us? (Check one) Friend Instagram Facebook Other _____

Have you ever had a reaction to a waxing service? Yes No

If yes, please describe: _____

Do you have varicose veins on your legs? Yes No

Do you use Glycolic Acid, Salicylic Acid,
Lactic Acid or any other acid- based
products on your face or body? Yes No

Have you had recent microdermabrasion,
laser resurfacing or injectable fillers? Yes No

Are you taking acne medication or
vitamin-A products? Yes No

Have you or will you be in the sun or
tanning bed within 24 hours of this
treatment? Yes No

Treatment Area(s)		
<input type="checkbox"/> Lip/Chin	<input type="checkbox"/> Brows	<input type="checkbox"/> Full Face
<input type="checkbox"/> Half Arm	<input type="checkbox"/> Full Arm	<input type="checkbox"/> Half Leg
<input type="checkbox"/> Full Leg	<input type="checkbox"/> Back	<input type="checkbox"/> Chest
<input type="checkbox"/> Neck	<input type="checkbox"/> Bikini	<input type="checkbox"/> Brazilian
<input type="checkbox"/> Other:	_____	

By signing below, I understand that topical creams, medical conditions, and certain medications can affect the results of waxing. I understand that I can not be waxed if I have certain contraindications and I hereby release the technician and the company in which I am voluntarily seeking services from harmless from and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses, and compensation for damages or loss to myself and/or property that may be caused by any act, or misinformation both intentional or accidentally on this form as well as failure to follow post-care instructions after my service.

Consent of a parent/legal guardian:

I, _____ as parent/legal guardian of the above named patient, a minor, hereby consent and authorize treatment and have no further questions regarding this procedure.

Parent/Legal Guardian Signature _____ Date _____

Professional Signature _____ Date _____