



WAXING CONSENT FORM

Name: _____

Date: _____

Address: _____

City, State & Zip: _____

Referred by: _____

Phone Number: _____

Email Address: _____

I, _____, give consent to the service provider at The Treatment Room
(print name)

Room to perform the following wax services:

_____ I have not used a scrub, Retin-A, Retinol OTC, take home micro-dermabrasion, glycolic peels, other peels, exfoliated or tanned in the last 72 hours.

_____ I have been off of Accutane for at least twelve (12) months.

_____ Some possible side effects include redness, swelling and pimples, but these are temporary and generally fade within 72 hours.

_____ For Brazilian and/or bikini waxing, I will notify my service provider if I am on my menstrual cycle.

_____ I do not have any open skin lesions or active herpes outbreak (cold sore or genital).

_____ I understand that with treatment certain risks are involved and that any complications or side effects from known or unknown causes could occur. I freely assume these risks.

_____ 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.

_____ I am over 18 years of age or I have parental consent co-signed below.

_____ I will call to inform my service provider of any complications or concerns I may have as soon as they occur.

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.

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.**