Waxing Service Consent Form

The Service

I am requesting waxing services from . I understand that waxing removes hair from the root by applying warm soft or hard wax to the skin and removing it, sometimes with a fabric strip. The service may be performed on the face, brows, underarms, arms, legs, back, chest, bikini line or intimate areas, depending on what I book.

I understand that waxing is temporary, that results usually last several weeks, and that the amount of discomfort varies from person to person and from area to area.

Medications and Skin Conditions

I understand that certain medications, products and conditions make the skin more fragile and can cause the skin to lift, tear or burn during waxing. I confirm that I have told my esthetician if I currently use or have recently used any of the following:

- isotretinoin (such as Accutane, Absorica or Claravis), in the past [6–12] months;
- topical retinoids or retinol (such as Retin-A, tretinoin, adapalene or Differin);
- prescription acne medications, topical antibiotics, or oral antibiotics such as tetracycline;
- steroid creams, blood thinners or other medication that affects skin or bleeding;
- chemical peels, microdermabrasion, laser treatments, microneedling or dermaplaning in the past few weeks; or
- facial hair bleach or depilatory creams in the past few days.

I have also told my esthetician if I have diabetes, poor circulation, varicose veins, eczema, psoriasis, rosacea, a skin infection, cold sores, open wounds, moles or skin tags in the area, a recent sunburn, or am pregnant. I understand that some of these conditions mean that waxing must be modified or cannot be performed on certain areas.

I will update before every appointment if my medications, skincare products or health change.

Risks

I understand that waxing can cause:

- temporary redness, swelling, tenderness and small bumps;
- minor bleeding or pinpoint spots, particularly on coarse hair or sensitive areas;
- skin lifting or tearing, especially if I have not disclosed relevant medications;
- burns if the wax is too warm for my skin;
- bruising, particularly on thin or loose skin;
- ingrown hairs, folliculitis (inflamed hair follicles) or breakouts;
- allergic reactions to wax, resin, pre- or post-wax products; and
- temporary darkening or lightening of the skin, especially on darker skin tones.

Intimate Waxing

If I am receiving a bikini, Brazilian or other intimate wax, I understand that my esthetician will explain the process, provide coverings, and keep me as comfortable and covered as possible. I can

ask to pause or stop at any time. I understand that the service is strictly professional and that any inappropriate behavior will end the service immediately, with the full price charged.

Aftercare

I have received aftercare instructions. I understand that for at least 24 to 48 hours after waxing I should avoid hot baths, saunas, steam rooms, swimming pools, tanning, intense exercise, tight clothing over waxed areas, and fragranced or exfoliating products. I will exfoliate gently and moisturize after the first few days to reduce ingrown hairs. I will contact if I have a reaction, and seek medical advice for any burn, blistering or signs of infection.

No Guarantee

I understand that hair regrowth and results vary depending on hair type, hormones, medications and how regularly I wax, and that does not guarantee any specific result.

Cancellation

I agree to give at least [24] hours' notice to cancel or reschedule. Late cancellations and missed appointments may be charged [a fee / the full service price]. Hair should be at least about [1/4 inch] long for best results, and services may need to be rescheduled if hair is too short.

Consent and Release

I consent to receive waxing services from . To the fullest extent permitted by law, I release , its owners and staff from claims arising from reactions or injuries caused by information I did not disclose or by the known risks described above, except claims caused by gross negligence or willful misconduct. This consent is governed by the laws of the state or country in which operates.

Please initial each statement

___ I have disclosed all medications and skincare products, including retinoids, isotretinoin and antibiotics.

___ I understand waxing can cause redness, skin lifting, burns, bruising and ingrown hairs.

___ I will tell {{business}} before every appointment if my medications or health change.

___ I have received aftercare instructions and accept responsibility for following them.

___ I am at least 18 years old, or a parent or legal guardian is consenting on my behalf.

Participant full name

Date

Date of birth

Phone

Email

Signature