



Client Waxing Consent

Name: _____ Date of Birth: _____ Age: _____

Phone: _____ Cell Work Home Occupation: _____

Male Female If Female, When was your last menstrual cycle? _____

Email Address: _____

Emergency Contact Name: _____ Phone: _____

I, _____, give consent to Skinspire Esthetics and its authorized representatives to perform the scheduled waxing service(s): _____

_____ I understand they will take every precaution to minimize or eliminate negative reactions such as blisters, sores, or other reactions, as much as possible. I do understand that, very rarely, permanent damage occurs. I have given an accurate account of any over the counter or prescription medications that I use regularly. I have not used a scrub, Retin-A, Accutane for at least twelve (12) months, Retinol OTC, take home micro-dermabrasion, glycolic peels, other peels, exfoliated or tanned in the last 72 hours. I do not have any open skin lesions or active herpes outbreak (cold sore or genital).

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

_____ I understand the potential risks and complications and have chosen to proceed with the treatment after careful consideration of the possibility of both known and unknown risks, complications, and limitations. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I certify that I have read, and fully understand the above paragraphs and that I have had sufficient opportunity for discussion to have any questions answered.

_____ 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.

_____ I have read the above information and initialed each section to indicate that I fully understand what to expect. If I have any questions or concerns, I will address these with my Skinspire Esthetics, skin therapist. I give permission to Skinspire Esthetics and its authorized therapist to perform the waxing treatment we have discussed and will hold Skinspire Esthetics and its staff harmless from any liability that may result from this treatment.

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.

Print Name

Client Signature

Date

Print Name

Guardian 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.