

Wax Release Form

Client Name

Date of Service

Please initial the following statements on this form. All information will be held in complete confidence.

Waxing is the procedure of removing unwanted hair by the means of employing warm wax to the skin.

Client

Student

I understand I must not use any type of acid exfoliants in the area to be waxed such as glycolic, salicylic or AHA products for at least two weeks prior to waxing service on any area of my body.

I must not use any type of Retin-A or any other type of exfoliating medications for at least 3 months prior to wax.

I must be off the drug Accutane for at least one year prior to any waxing service on any area of my body.

I have not had any type of Laser treatment within the past 30 days.

I further understand I must stay out of the sun for at least 24 hours prior and after any waxing service on any area of my body.

I understand that I am to wear sun protection with an SPF of 20 or greater in The area waxed.

I have had the opportunity to ask any questions regarding this procedure during the consultation with the Licensed Instructor.

It is my responsibility to release this information to the providing aesthetician.

I, _____ **release** _____, **its employees and students** from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any damage or injury that may be sustained by me, **whether caused by the negligence of** _____ or otherwise, before, during and after the waxing service. I am fully aware of the risks involved and hazards connected with waxing, including but not limited to **redness, irritations, ingrown hair, small white bumps, bruising and/or sensitivity to the area and understand that cool ice packs are recommended for any type of these symptoms.** I hereby elect to voluntarily receive the waxing service with full knowledge that waxing may be hazardous. **In signing this release, I acknowledge and represent that** I have read this foregoing waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act; no oral representations or written statements, have been made. I am at least eighteen (18) years of age and fully competent.

Client Signature _____

Date _____

Therapist Signature _____

Date _____

