

WAXING CONSENT FORM

The **waxing consent form** is used when a person wishes to receive any type of waxing treatment from a salon / spa.

HAVE YOU TAKEN ACCUTANE WITHIN THE PAST YEAR? YES NO

ARE YOU USING RETIN-A, DIFFERIN, OR RENOVA? YES NO

ARE YOU TAKING ANY MEDICATIONS THAT MAKE YOU PHOTO-SENSITIVE? YES NO

IF YOU ARE USING ANY OF THE FOLLOWING MEDICATIONS, YOU CAN NOT BE WAXED TODAY:
ACCUTANE, ADAPALENE, ISOTRETINOIN, RETIN-A, RENOVA, ALUSTRA, AVITA, TAZAROTENE, TRETINOIN, AVAGE, OR DIFFERIN.

DO YOU FREQUENT TANNING BEDS? YES NO

ARE YOU CURRENTLY SUNBURNED? YES NO

ARE YOU DIABETIC? YES NO

DO YOU CURRENTLY HAVE OR HAVE YOU HAD ANY OF THE FOLLOWING MEDICAL CONDITIONS THAT COULD COMPROMISE YOUR SKIN AND/OR SERVICES BEING OFFERED:

AIDS/HIV HEPATITIS VARICOSE VEINS ECZEMA/PSORIASIS HERPES
 CANCER COLD SORES/FEVER BLISTERS OTHER: _____

YOU MAY EXPERIENCE SKIN SENSITIVITY/THINNING, WHICH CAN RESULT IN SKIN LIFTING, FROM THE FOLLOWING: **SUNBURNED SKIN, RETINOL, CERTAIN MEDICAL CONDITIONS, PREGNANCY, ANTIBIOTICS, OTHER MEDICATIONS NOT LISTED, OR MENSTRUATION.**

CONSENT AND SIGNATURE

I understand the risks and dangers of waxing and agree to hold harmless D's Experience "THE WAX ROOM" of all liability in relation to the service being provided. I agree if I begin use, or are currently using, any of the products listed in the above warning and do not inform D's Experience "THE WAX ROOM" prior to current or future treatments, I accept full responsibility for any adverse reactions.

It is understood that waxing may cause some redness, bumps, soreness, and/or itching.

Client Signature: _____ Date: ____/____/____

Print Name: _____

Parent/Guardian Consent (Under 18 Years of Age)

I, _____ [Parent/Guardian], authorize

Dominique Williams (D's Experience) [Individual/Company providing the waxing] to perform waxing services on

[Name of Child].

Signature of Parent/Guardian _____ Date: ____/____/____

Print Name [Parent/Guardian]: _____