

Wax Consent Form

CLIENT INFORMATION

Name: _____ Age: _____
Gender: _____ Address: _____
Phone: _____ Email: _____
Date of appointment: _____ dd / mm / yyyy

ACKNOWLEDGEMENT OR RISKS

I understand that waxing services involve the use of various waxing methods, including but not limited to hard wax, soft wax, or sugar wax, which may cause skin irritation, redness, or burns. I acknowledge that these risks have been explained to me, and I have had the opportunity to ask questions regarding the procedure.

Moreover, I certify that I have disclosed all relevant health information to the service provider, including but not limited to:

Allergies (especially to wax, latex, or any ingredients in pre/post-waxing products):

Current medications (including blood thinners, topical medications, etc.):

Skin conditions (eczema, psoriasis, etc.):

Recent surgeries or skin treatments:

☐ I understand that withholding relevant health information may increase the risk of adverse reactions.

ACKNOWLEDGEMENT OF AFTERCARE INSTRUCTIONS

☐ I have received and understand the aftercare instructions provided by the service provider. I agree to follow these instructions to minimize any potential risks or side effects.

CONSENT TO PROCEED

I hereby give my consent for the service provider to perform waxing services in the areas of my choice, which I have indicated below:

Area(s) to be waxed:

- ☐ I understand that I have the right to withdraw my consent for the waxing procedure at any time before or during the service. I can express my decision to the service provider without any pressure or negative consequences.

RELEASE OF LIABILITY

- ☐ I hereby release the service provider from any liability for any injuries or adverse reactions that may occur as a result of the waxing procedure, provided that reasonable care was taken.

Client signature:

Service provider's name: _____

Service provider's signature:

Date: _____ dd / mm / yyyy