

# Waxing Release Form

Client \_\_\_\_\_ Gender: Female / Male Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birthday \_\_\_\_\_ E-mail Address \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Have you been waxed before? Yes / No What Areas? \_\_\_\_\_

Any problems? \_\_\_\_\_

Do you take any of the following or use products that contain the following: (please circle)

Accutane Tetracycline Retin-A Renova Glycolic, Lactic or Salicylic Acid Hydroquinone Topical Cortisone

If so, how long ago? \_\_\_\_\_

Are you currently using any products or medications for acne or aging? If so, please list \_\_\_\_\_

Have you had any of the following procedures? (please circle)

Chemical Peel Laser Resurfacing Removal of Skin Cancer Microdermabrasion Any Other Major Exfoliation Procedure

If so, how long ago and on what areas? \_\_\_\_\_

Please check if you have had or currently have any of the following:

Diabetes  Dermal Abrasions  Warts  
 High Blood Pressure  Poor Circulation  Vericose Veins  
 Other \_\_\_\_\_

When is your Menstrual Cycle Due? \_\_\_\_\_

\*For your own comfort, it is best not to wax two days prior, during, and two days following your menstrual cycle

List ANY medications or supplements you are currently taking: \_\_\_\_\_

Any known allergies? \_\_\_\_\_

Have you had any recent sun or tanning bed exposure? Yes/No When? \_\_\_\_\_

My signature below certifies that I have read and have advised my waxing technician of any potential problems associated with this waxing procedure. I know not to expose my skin to exfoliating products including glycolic, lactic, and salicylic acid as well as ultraviolet rays (sun or tanning bed) for at least 48 hours after my waxing service. I understand that I am responsible for any trauma and/or reactions (scabbing, redness, bruising or pimples) that I may experience from the service known as waxing. I also understand that if I expose my skin to any of the products, services, or items mentioned above, I am accepting responsibility for my skin's reaction as these things make my skin more vulnerable when waxed.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature if Required by State \_\_\_\_\_ Date \_\_\_\_\_

