



## WAXING CONSENT FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Referred by: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

I, \_\_\_\_\_, give consent to the service provider at **Milagros Wellness Sanctuary** to perform all my requested wax services.

\_\_\_\_\_ I have not used any type of exfoliate, Retin-A, Retinol OTC, take home micro-dermabrasion, tanned, glycolic or other peels, in the last 72 hours.

\_\_\_\_\_ I have been off of Accutane for at least twelve (12) months.

\_\_\_\_\_ I understand that if I'm on any medication, certain risks are involved and any complications or side effects could occur. I assume these risks.

\_\_\_\_\_ Possible side effects include redness, swelling and pimples, which are temporary and generally fade within 72 hours.

\_\_\_\_\_ *Brazilian/bikini waxing:* I will notify my service provider if I am on my menstrual cycle.

\_\_\_\_\_ I do not have any open skin lesions or active herpes outbreak (cold sore or genital).

\_\_\_\_\_ I understand that with wax treatments, certain risks are involved and any complications or side effects from known or unknown causes may occur. I assume these risks.

\_\_\_\_\_ I agree to adhere all post care instructions such as: no exfoliates, tanning or wet room services; no swimming/spas/hot tubs for at least 24 to 48 hours after waxing; and will conduct all home skin care protocols as recommended by my service provider.

\_\_\_\_\_ I will call to inform my service provider of any complications or concerns I may have as soon as they occur.

*My signature acknowledges that I have read and agreed to receive the wax services and I will adhere to all of the aforementioned statements that I have initialed.*

\_\_\_\_\_  
**Client Signature & Date (and Guardian Signature, if applicable for clients under age 18)**

\_\_\_\_\_  
**Service Provider Signature & Date**

***We have the right to refuse services if proper hygiene is not followed.***