



Waxing Consent Form

Name _____ Date _____

Phone Number: _____ Email Address: _____

I, _____ (print name), give consent to the service provider at Healing Elements Day Spa to perform the following wax services:

I have not used a scrub, Retin-A, Retinol OTC, take home micro-dermabrasion, glycolic peels, other peels, exfoliated or tanned in the last 72 hours. _____ (Initial)

I have been off of Accutane for at least twelve (12) months. _____ (Initial)

Some possible side effects include redness, swelling and pimples, but these are temporary and generally fade within 72 hours. _____ (Initial)

I understand that with treatment certain risks are involved and that any complications or side effects from known or unknown causes could occur. I freely assume these risks. _____ (Initial)

I agree to adhere to all safety post care including: no peels, tanning or wet room services; no swimming/spas/hot tubs for 72 hours after waxing; and all home skin care protocols as recommended by my service provider. If I don't follow these protocols I'm aware that Healing Elements is not liable for issues after _____ (Initial)

I will call to inform my service provider of any complications or concerns I may have as soon as they occur. _____ (Initial)

I understand that with treatment certain risks are involved and that any complications or side effects from known or un-known causes could occur. I freely assume these risks. _____ (Initial)

If at anytime things change I will let the service staff know before getting wax services. _____ (Initial)

My signature acknowledges that I have read and agree to receive the following treatments or series of treatments listed above and that I adhere to all the above statements I have initialed.

Client Signature: _____ Date: _____

Witness or Parent Signature: _____ Date: _____

Staff Member Signature: _____ Date: _____