

WAXING CONSENT FORM

I am aware that there are often inherent risks associated with waxing treatments such as but not limited to skin removal, redness, swelling, tenderness, allergic reactions, bruising, scarring, burning, and skin irritation. If you fail to disclose contraindications below before waxing, you bear responsibility for any skin reactions.

Common list of contraindications:

- Topical creams, medical conditions, and medications can affect the results of waxing.
- Medical Conditions
- Medications (Refer to Medication chart if needed)

I acknowledge that there may be redness and/or sensitivity after the procedure. I consent to refraining from sun exposure, extreme heat (like saunas and hot tubs), and using any active products for the next 48 hours or as advised by the wellness provider.

By agreeing to the procedure, you accept that the salon or provider is not liable for any reactions, and that you are well-informed about the process.

Client Signature_____

Date_____

Updated Initial at each waxing appointment

Date	Initial