



Waxing Consent Form

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Yes, I want to receive emails from Pureskin Aesthetic Salon, including event details, the newsletter, and promotions.

Please answer the following questions:

Have you ever been waxed? Yes: _____ No: _____

Are you currently on your menstrual cycle? Yes: _____ No: _____

Are you pregnant? Yes: _____ No: _____

Do you use Accutane, Retin A, Renova, Adepalene, Glycolic, Lactic, Salicylic, Retinol, or Hydroxy products? Yes: _____ No: _____

Have you had laser, chemical peels, microdermabrasion, or resurfacing treatments? Yes: _____ No: _____

By signing below, I acknowledge that I have read this Pureskin Aesthetic Salon Professional Treatment – Waxing Consent Form and that to the best of my knowledge, the answers I have provided above are accurate. I have not withheld any information that may be relevant to my waxing treatment. I also acknowledge that Pureskin Aesthetic Salon, its owner, and/or its employees cannot be held liable for any reaction from a waxing treatment performed at the salon.

Signature

Date