

WAXING



NAME: _____ **BIRTHDAY:** _____

ADDRESS: _____
CITY STATE ZIP

EMAIL: _____ **PHONE #:** _____

HOW DID YOU HEAR ABOUT US? _____
(IF REFERRED BY ANOTHER CLIENT, PLEASE PROVIDE THEIR FIRST AND LAST NAME)

DO WE HAVE PERMISSION TO USE ANY PHOTOS OR VIDEOS TAKEN FOR MARKETING PURPOSES? Yes No

MEDICAL INFORMATION

How often do you have waxing done?
Have you ever had a reaction to a waxing service? Yes No
Do you have any of the following tendencies? Ingrown Hair Scarring
 Bumps Hyperpigmentation
 Bruising
Do you have any allergies? Yes No
If yes, please list: _____
Have you received Botox in the last 72 hours? Yes No
Have you been or will you be in the sun and/or tanning bed within 24 hours? Yes No
Are you using or taking any of the following?
 Accutane or Tetracycline Retin-A, Renova or Differin AHA/Alpha-Hydroxy Acid
 BHA/Beta-Hydroxy Acid Glycolic Acid
Are you currently pregnant? Yes No
Do you have Diabetes, Phlebitis or any skin irritations? Yes No
Is your skin dry? Yes No

CLIENT CONSENT

I have been advised that the service(s) provided to me by Remedi Elite Day Spa LLC could have unfavorable results including, but not limited to: allergic reaction, irritation, burning, redness, soreness, ect. I am aware that certain medications and over the counter products can significantly increase the risk of injury when combined with skin care services. I hereby confirm that I am not using any medications that may cause or contribute to such injury/reaction, and I will advise my esthetician should I use any such medications in the future. I understand there are often inherent risks associated with treatments, and I agree that as a condition of providing these services on an ongoing basis, I will not hold Remedi Elite Day Spa LLC and my esthetician liable.

SIGNATURE: _____ **DATE:** _____

GUARDIAN CONSENT

I, as the parent/legal guardian of the minor above, hereby give my consent to the staff of Remedi Elite Day Spa LLC and authorize them to perform waxing services. I certify that I have read this entire consent form and that I understand and agree to all of its provisions herein.

SIGNATURE: _____ **DATE:** _____