

Client Consent Form

And Liability Waiver



I hereby consent to and authorize _____ to perform the following waxing procedure:

I understand that waxing may have certain side effects which may include but are not limited to skin removal, redness, swelling, and tenderness. I have had the opportunity to ask questions regarding these side effects and other possible complications. I give permission to my esthetician to perform the waxing procedure we have discussed and I will hold them and the spa harmless from any liability that may result from this treatment.

I have read and understand the aftercare home care instructions. I understand how important it is to follow all instructions given to me for aftercare. In the event that I may have additional questions or concerns regarding my treatment and suggested aftercare, I will consult the esthetician immediately.

I have also, to the best of my knowledge, given an accurate account of my medical history, including all known allergies or prescription drugs or products I am currently ingesting or using topically.

I have read and fully understand this agreement and all information detailed above. I understand the procedure and accept the risks. I agree I will assume the risk and full responsibility for any and all injuries, losses, side effects, or damages that might occur to me while I am undergoing this procedure. I do not hold the esthetician, whose signature appears below, responsible for any of my conditions that were present, but not disclosed at the time of this skincare procedure, which may be affected by the treatment performed today.

Name Printed

Signature

Date

Esthetician Name

Signature

Date