



Waxing Treatment

CLIENT CONSENT FORM

I hereby consent to and authorize Images Salon & Spa Estheticians to perform the following procedure:
Waxing.

Please initial each statement:

- _____ I am fully aware of potential side effects that may arise from skin care services, which may include but are not limited to allergic reactions, irritation, redness, burning, swelling, soreness, or bumps.
- _____ I understand that certain medications and over-the-counter products can increase the risk of injury when combined with skin care services. At present, I am not using any medications that may pose such risks. I will inform my esthetician promptly if this changes.
- _____ I confirm that I have abstained from using Accutane for a minimum of 12 months, and I am not currently utilizing Retin-A, products containing alpha hydroxy acids, or undergoing any other skin thinning treatments.
- _____ Within the past 72 hours, I have refrained from using scrubs, performing at-home microdermabrasion, undergoing glycolic peels or other types of peels, exfoliating, or engaging in any tanning activities.
- _____ I do not have any open skin lesions or active herpes outbreaks, whether on the lips (cold sore) or genital area.
- _____ I agree to follow all post-care safety instructions, including refraining from peels, tanning, or wet room services, avoiding swimming, spas, and hot tubs for 72 hours after waxing, and adhering to the home skin care products recommended by my service provider.
- _____ If I am undergoing Brazilian or beginning waxing services, I will inform my service provider if I am currently menstruating.
- _____ I am aware that my esthetician has the right to decline services related to waxing if proper hygiene practices are not followed.

My signature acknowledges that I have read and agree to receive the treatment or series of treatments listed above and that I will adhere to all of the aforementioned statements that I have initialed. I fully understand the risk and side effects associated with the treatment. I freely assume the risks and release the provider and the esthetician of all liability

Client Name (Printed)

Client (signature)

Date