

Release Form for Hair Removal

I, _____, am _____ or am not _____ presently using:

_____ Retin-A or any other topical vitamin A.

_____ Accutane or any other acne medication

_____ Any Exfoliant or hydroxyl-based products.

_____ Any medications such as cortisone, blood thinners, or diabetic medications.

_____ Any of the above are contraindicated for waxing and may result in skin irritation, peeling or hyperpigmentation (Darkening of the skin).

_____ I understand that if I begin using any of the above products and do not inform my Aesthetician/Nail Technician/or Primary Care Physician (Acupuncturist) prior to my hair removal. I am accepting full responsibility for any skin reactions.

Minor redness and sensitivity is normal from waxing. Avoid sun, heat, and certain products as directed for at least 24-48 hours after waxing.

_____ The hair-removal process has been thoroughly explained to me, and I have had an opportunity to ask questions and receive satisfactory answers.

I understand that the following risks and hazards may occur in connection with any particular treatment, including, but not limited to: unsatisfactory results, poor healing, discomfort, redness, blistering, nerve damage, scarring, infection, change in the skin pigmentation and increased hair growth. I understand that even though precautions may be taken in my treatment, not all risks can be known in advance.

I have read and fully understand this consent and my questions have been answered satisfactorily by my Aesthetician and I accept the risks and complications of the procedure.

I agree not to hold anyone responsible for any adverse effects resulting from this treatment, with the exception of that which results from gross negligence.

Client Name (Print): _____ Date: _____

Client Signature: _____ Date: _____