



WAXING RELEASE FORM

Name: _____ Phone Number: _____

Address, City, State, Zip: _____

Birth Date: _____

1. Have you had waxing before? Yes ___ No ___

2. Have you ever had a reaction to waxing? Yes ___ No ___

If yes, explain: _____

3. Do you use Retin A? Yes ___ No ___

4. Are you using any type of acne medication? Yes ___ No ___

5. Have you used any Glycolic or Alpha Hydroxy acids in last 48 hours? Yes ___ No ___

6. Do you have sensitive skin? Yes ___ No ___

If yes, explain: _____

7. Are you currently tanning? Yes ___ No ___

8. Are you currently being treated by a physician for pregnancy, any conditions or surgeries? Yes ___ No ___

9. Menstrual cycle due date? _____

Always allow 5 days for your menstrual cycle, plus two days before and after.
For your own personal comfort, you should not wax during this time.

We do not wax anyone who is using Accutane, Retin A or any other products or medications that exfoliate or thin the skin. We do not wax anyone undergoing chemotherapy or radiation treatment, is pregnant, or under physician's care without a doctor's note.

Because my technician must be aware of all my existing skin conditions, I have listed all medications and/or skin care products that I am using. I acknowledge that I must inform my technician regarding all current skin related issues and I further understand that it is my responsibility to keep my technician updated as to any changes.

I agree not to hold Escape Salon and Spa, or my technician responsible or liable for any injuries or damages that may occur as a result of my waxing treatment.

Client Signature _____ Date: _____