

— THE —
GOODFACE

WAXING CONSENT FORM

Name: _____ Date: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Email Address: _____

I, _____, give consent to the esthetician at THE GOODFACE to perform the following wax services: _____

- _____ I have not used a scrub, Retin-A, Retinol OTC, take home micro-dermabrasion, glycolic peels, other peels, exfoliated or tanned in the last 72 hours.
- _____ I have been off of Accutane for at least twelve (12) months.
- _____ Some possible side effects include redness, swelling and pimples, but these are temporary and generally fade within 72 hours.
- _____ I do not have any open skin lesions or active herpes outbreak/cold sore.
- _____ I understand that with treatment certain risks are involved and that any complications or side effects from known or unknown causes could occur. I freely assume these risks.
- _____ I agree to adhere to all safety post care including: no peels, tanning or wet room services; no swimming/spas/hot tubs for 72 hours after waxing; and all home skin care protocols as recommended by my service provider.
- _____ I am over 18 years of age or I have parental consent co-signed below.
- _____ I will call to inform my service provider of any complications or concerns I may have as soon as they occur.

My signature acknowledges that I have read and agree to receive the treatments or series of treatments listed above and that I will adhere to all of the aforementioned statements that I have initialed.

Client Signature: _____ Date: _____
Technician Signature: _____ Date: _____