

The Wax Den Waxing Release Form (EC, FTG, G1, LS, NCPP)

Client Name	
Gender	
Cell Phone	Want a text reminder? Yes / No Cell Carrier:
Address	
City, State, Zip	
Birthday	
Email	
How did you hear about us? <u>Groupon/Living Social / Friend</u>	Friend's Name: Or Voucher #
Have you been waxed before? What areas?	
Any problems or adverse reactions?	

Are you currently taking any medication? NO If so, please list. _____
Do you take any of the following products or use products that contain the following? NO (Please circle) Accutane, Tetracycline, Retin-A, Retinol, Renova, Glycolic, Lactic or Salicylic acid, Hydroquinone, Topical Cortisone, Differin Gel, Any RETINOID medication. If so, how long ago?

Have you had any of the following procedures? NO (Please circle)
 Chemical peel, laser resurfacing, removal of skin cancer, microdermabrasion, any other major exfoliation procedure
 If so, how long ago and on what areas?

Do you have any medical conditions, health problems, or other physical conditions that might affect your waxing service today? CIRCLE ONE: No Yes If YES, please explain _____

When is your menstrual cycle due? _____
 * FYI: for your own comfort it is best to wax 2 days prior, during or two days following your normal cycle

I UNDERSTAND THERE IS A 50% CHARGE FOR CANCELLATIONS/RESCHEDULING AFTER 24 HRS AND 100% CHARGE FOR NO CALL/NO SHOW _____ (Initial Here) I understand that my credit card is on file and I will not dispute these charges with my credit card company.

Have you shaved in the past 2 weeks? Yes No - Any known allergies? (Please circle) NONE Yes
 Explain _____

Have you recently laid out in the sun or a tanning bed? Yes/No. When?

*****Do not expose skin to the sun or tanning bed for at least 48 hours after the waxing service*****

I hereby authorize The Wax Den and its employees to perform a waxing procedure and fully understand this procedure has limited applications. I understand every person is different and there is no guarantee that side effects will not occur. I am aware that waxing may cause inflammation, welts, hives, reddening or small breakouts. By booking an appointment with The Wax Den, I certify that I will disclose any allergies as well as the use of antibiotics, topical acne medicines (including, but not limited to Accutane, Differin, Retin A, Prednisone or Corticosteroids). I understand and acknowledge there are risks involved with the waxing procedure, including but not limited to those side effects listed above. I understand any false or misleading information I have given may lead to undesired results and complications and hereby waive and release J. Allen, staff and The Wax Den from any and all liability if such results or complications occur for any reason. I further understand my failure to follow post care instructions may also lead to undesired results, complications or effects and hereby waive and release The Wax Den from any and all liability if such results or complications occur for any reason. In addition, if any complications or concerns do arise, I will notify The Wax Den within 24 hours. I understand that the information given above is strictly confidential and will be used for no other purpose than to assist the technician customizing my waxing experience. My signature below certifies that I have answered the above questions honestly. Any information provided to me by the technician is for general educational purposes only and is not intended for any medical or therapeutic purpose. By signing, I agree to the 24 hour cancellation fee policy for future appointments. **My signature below indicates that I have stated any medications that I am taking. I understand that it is my responsibility to update the Service provider if any of the above information has changed.**

Guest Signature

Date _____ 2016

Circle your choice ----->

I am 18 yrs or older. _____

Please initial or bring a parent.

