

## Waxing Consent Form (Bikini & Brazilian)

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Referred By: \_\_\_\_\_

I, \_\_\_\_\_ give consent to Trends Salon & Spa 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. \_\_\_\_\_ (Initial)
- I have been off Accutane for at least 12 months. \_\_\_\_\_ (Initial)
- Some possible side effects include redness, swelling, and pimples, but are temporary and generally fade within 72 hours. \_\_\_\_\_ (Initial)
- (For Brazilian waxing only) I am not in my menstrual cycle. \_\_\_\_\_ (Initial)
- I do not have any open skin lesions, active herpes outbreak (cold or genital). \_\_\_\_\_ (Initial)
- I understand that with treatment certain risks are involved and that any complications or side effects from known or un-known causes could occur. I freely assume these risks. \_\_\_\_\_ (Initial)
- I agree to adhere to all safety post care including: no peels, tanning, or wet room services for 72 hours to one week and all home skin care protocols as recommended by Trends Salon & Spa. \_\_\_\_\_ (Initial)
- I am over 18 years of age or I have a parental consent co-signed below. \_\_\_\_\_ (Initial)
- I will call to inform Trends Salon & Spa of any complications or concerns I may have as soon as they occur. \_\_\_\_\_ (Initial)

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

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness or Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

We have the right to refuse services for all waxing if proper hygiene has not been followed.  
Please cleanse before Brazilian and Bikini waxes. Thank you.