

CLIENT ACKNOWLEDGE FORM

I, _____, understand that an adverse reaction during or after my sugaring/waxing treatment may occur. If I have any concerns, I will address these with my technician. I consent to receive, but not limited to, sugaring treatments, lash lifting, brow and lash tinting, facial and skin treatments, and wax and/or sugaring hair removal at Sugaring by Queen B, LLC. I hereby release Sugaring by Queen B, LLC from any and all liability arising from or as a result of any treatment(s) I will receive today and during all future appointments. I have given an accurate account of the questions asked above including all known allergies or prescription drugs or products I am currently ingesting or using topically. I understand my technician will take every precaution to minimize or eliminate negative reactions as much as possible.

I have read and understand the post-treatment home care instructions. I am willing to follow recommendations made by my technician for a home care regimen that can minimize or eliminate possible negative reactions. In the event that I may have additional questions or concerns regarding my treatment or suggestion home products/post-treatment care, I will consult the technician immediately. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I certify that I have read and fully understand the above paragraphs and that I have had sufficient opportunity for discussion to have any questions answered. I understand that procedure and accept the risks.

Client Signature _____ Date _____

Parent/Guardian Signature (if under 18) _____

CANCELLATION POLICY

This policy is enacted out of respect for the technician and for all clients. Late cancellations can be difficult to fill. Not showing up prevents other clients from being accommodated during the scheduled time you no longer wish to use. In the event that another client may request the appointment time, I greatly appreciate notification that you would like to change or cancel your appointment so that I can better accommodate everyone.

Therefore, I request that you provide at least 24 hour notice if you need to cancel or reschedule an existing appointment. If you happen to "No Show" or cancel less than 24 hours in advance you may be charged an amount equal to 50% of the service fee that has been scheduled at your next appointment. After three consecutive No Show/cancelling w/in the 24 hour policy, a deposit and/or payment of service may be required. All Pre-Paid No Show appointments/cancelling w/in the 24 hour policy is non-refundable.

If you are more than 5 minutes late to a 15 minute appointment or 10 minutes late to a 30 minute appointment, there is a high probability that we will have to reschedule your appointment or downgrade your appointment to a shorter service. By signing below, you acknowledge that you have read and understand the Cancellation Policy.

Client Signature _____ Date _____

Parent/Guardian Signature (if under 18) _____