

Waxing Consent Form (Bikini & Brazilian)

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Email Address: _____

Referred By: _____

I, _____ give consent to Growing Younger Clinic 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 Growing Younger Clinic. _____ (Initial)
- I am over 18 years of age or I have a parental consent co-signed below. _____ (Initial)
- I will call to inform Growing Younger Clinic 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.