

Waxing Consent and Release Statement

I, the undersigned, understand that a waxing session involves the use of hot hard wax applied to the skin for the purpose of removing hair.

I understand that if I have herpes or MRSA, I may experience a breakout after waxing. I acknowledge that I may carry herpes or MRSA without having any physical symptoms or having had a medical diagnosis. I further understand that waxing may cause bruising, scabbing, scarring, redness, hyperpigmentation or pimples. I also understand that soft tissue may tear during a waxing service.

I understand all of the above mentioned reactions and consent for the waxing service to be performed. I also understand that if I change any medications or skin care products in the future, I must inform the professional PRIOR to beginning the service.

Printed Name

Date

Signature