



# WAXING CLIENT CONSENT FORM

I, \_\_\_\_\_, agree to having to undergo this treatment/procedure after having the treatment details and nature of the treatment along with risks and hazards involved by qualified esthetician Sasha Cruz

Although it is impossible to list every potential risk and complication, I have been informed of possible benefits, risks, and complications. I also recognize there are no guaranteed results and that independent results are dependent upon age, skin condition, and lifestyle factors and that there is the possibility I may require further treatments of the treated areas to obtain the expected results at an additional cost.

I have read and understand the post-treatment aftercare instructions. I understand how important it is to follow all aftercare instructions given to me.

I have also, to the best of my knowledge given an accurate account of my medical history, including all known allergies or prescription drugs or products I am currently ingesting or using topically.

I understand and agree to the after-care instructions, provided by the certified esthetician/beauty therapist. I realize and accept the consequences of failure to adhere to these instructions may cause no to little results obtained.

*Please check the circle and sign below to confirm your understanding:*

- I have read and understand this agreement and all information detailed above. I understand the procedure and accept the risks. I do not hold the esthetician, whose signature appears below, responsible for any of my conditions that were present, but not disclosed at the time of this skin care procedure, which may be affected by treatment performed today.*

\_\_\_\_\_  
CLIENT NAME (PRINTED):

\_\_\_\_\_  
CLIENT NAME (SIGNATURE):

\_\_\_\_\_  
DATE:

\_\_\_\_\_  
ESTHETICIAN NAME (PRINTED):

\_\_\_\_\_  
ESTHETICIAN (SIGNATURE):

\_\_\_\_\_  
DATE: