

BODI BARR

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Consent for Waxing and Sugaring Services

THIS FORM MUST BE COMPLETED & SIGNED **BEFORE** RECEIVING WAXING/SUGARING SERVICES.

General & Medical Information

NAME: _____ DOB: _____ AGE: _____

EMAIL: _____ PHONE: _____

Have you used any alpha-hydroxy acid or glycolic acid products in the last 48 hours? Yes / No

Are you currently using any products containing Retin-A or retinol? Yes / No

Are you currently taking Accutane or have you taken it in the past? Yes / No How long ago? _____

Are you exposed to the sun on a daily basis or do you use a tanning bed? Yes / No

Are you currently taking any medications? If so, please list: _____

Are you currently being treated for any illness / condition by a physician? If so, please list: _____

Have you been diagnosed with an STD within the past 90 days or are you currently experiencing an STD outbreak? Yes / No

Women: Are you currently on your menstrual cycle or due to start in the next two days? Yes / No

Have you ever had a bad waxing experience? Yes / No

If yes, please describe: _____

_____ (initial) I will purchase the aftercare products if needed, and follow the instructions of my Esthetician, to include proper cleansing, exfoliation and moisturizing to maximize the desired result following my waxing service.

It is common to experience redness after waxing. In some cases, swelling or mild tenderness may also occur. It is best to avoid all active skincare products in the waxed area for 24-48 hours, except for the products recommended by your Esthetician. Some skincare products can exacerbate or affect the results of waxing. It is best to allow the hair to grow for two weeks prior to waxing for a complete result. Avoid sun or tanning exposure to the areas to be waxed for 72 hours prior to waxing. After waxing services, it is advised not to expose waxed areas to sun, tanning, swimming pools, saunas, hot tubs or exercise that induces heavy perspiration for 48 hours.

I certify that, by completing this form: I have read the above information and if I have any concerns I will discuss them with the esthetician. I have read and understood the waxing precautions and am willing to follow the home care recommendations of the esthetician. I understand the waxing procedure I am to receive and have had sufficient opportunity to discuss any questions. I understand the esthetician will take every precaution to minimize or eliminate skin reactions. I do not hold the esthetician or Bodi Barr liable for any skin conditions that were not disclosed at the time of waxing or any adverse effects from the waxing service. I understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session and full payment for services are expected. I also understand that the Esthetician reserves the right to refuse to perform waxing services on anyone whom she deems to have a condition for which services is contraindicated.

If client is under 18:

Parent name (printed) _____

Parent Signature _____ Date _____

Client Signature _____ Date _____

Esthetician's Name: _____