

The Wax Den Waxing Release Form (FTG, G1, G2, GW, GB, LS, AM)

Client Name	
Gender	
Cell Phone	Want a text reminder? Yes / No Cell Carrier:
Address	
City, State, Zip	
Birthday	
Email	
How did you hear about us? Groupon/Living Social / Friend	Friend's Name: Or Voucher #
Have you been waxed before? What areas?	
Any problems or adverse reactions?	

Are you currently taking any medication? **NO** If so, please list. _____
 Do you take any of the following products or use products that contain the following? **NO (Please circle)** Accutane, Tetracycline, Retin-A, Retinol, Renova, Glycolic, Lactic or Salicylic acid, Hydroquinone, Topical Cortisone, Differin Gel, Any RETINOID medication. If so, how long ago?

Have you had any of the following procedures? **NO (Please circle)**
 Chemical peel, laser resurfacing, removal of skin cancer, microdermabrasion, any other major exfoliation procedure
 If so, how long ago and on what areas?

Do you have any medical conditions, health problems, or other physical conditions that might affect your waxing service today? **CIRCLE ONE: No Yes** If YES, please explain _____

When is your menstrual cycle due? _____
 * FYI: for your own comfort it is best to wax 2 days prior, during or two days following your normal cycle

I UNDERSTAND THERE IS A 50% CHARGE FOR CANCELLATIONS/RESCHEDULING AFTER 24 HRS AND 100% CHARGE FOR NO CALL/NO SHOW
 _____ (Initial Here) I understand that my credit card is on file and I will not dispute these charges with my credit card company.

Have you shaved in the past 2 weeks? **Yes No** - Any known allergies? (Please circle) **NONE Yes**
 Explain _____

Have you recently laid out in the sun or a tanning bed? Yes/No. When?

*****Do not expose skin to the sun or tanning bed for at least 48 hours after the waxing service*****

It is my choice to receive waxing. I understand that the information given above is strictly confidential and will be used for no other purpose than to assist the technician customizing my waxing experience. My signature below certifies that I have answered the above questions honestly. I understand that failure on my part to disclose information could result in trauma and/or injury and relieve J. Allen, staff and The Wax Den of any liability as a result/any claims resulting from such. I also understand that if I exposed my skin to any of the products, services or items mentioned above and do not inform my technician, I am accepting responsibility for my skin's reaction. Any information provided to me by the technician is for general educational purposes only and is not intended for any medical or therapeutic purpose. By signing, I agree to the 24 hour cancellation fee policy for future appointments. **My signature below indicates that I have stated any medications that I am taking. I understand that is it my responsibility to update the Service provider if any of the above information has changed.**

Guest Signature _____

Date 2014

Circle your choice ----->

I am 18 yrs or older. _____

Please initial or bring a parent.

