



Waxing Consent Form

If you are under the age of 18, you must have parental or guardian consent before any services are rendered.

First Name _____ Last Name _____ Gender **M F**
Address _____
City _____ State _____ Zip _____
Date of Birth _____ Occupation _____
Phone (Cell) _____ Email _____

I understand that the booking system used by Akcent Day Spa, LLC uses text messaging and email to confirm appointments and cancellations. By checking this box, I provide my consent to receive periodic text messages and/or emails with appointment reminders and promotions and note that consent to these terms is in no way a condition of purchase.

Please list area(s) to be waxed:

Please answer the following questions. All information given today is fully confidential and is only used so that your therapist can provide the safest and most comfortable treatment possible.

Do you have or are you prone to?

Have you used any of the following in the last 48-72 hours?

Ingrown Hairs	Y N	Ingrown Hairs	Y N
Scarring	Y N	Scarring	Y N
Bumps	Y N	Bumps	Y N
Hyper-Pigmentation	Y N	Hyper-Pigmentation	Y N
Bruising	Y N	Bruising	Y N
Diabetes	Y N	Diabetes	Y N
Hormone Replacement	Y N	Hormone Replacement	Y N

List any allergies: _____

List all topical medications that you are currently using or have in the past:

By signing below, you agree to the following:

I have completed this form to the best of my ability and knowledge and agree to inform the technician of any changes in the above information. I have been informed of and understand the contraindications to the requested treatments and agree that I do not have any condition(s) that would make the requested treatment unsuitable. I will inform the technician of any discomfort I may experience at any time during my treatment to allow them to adjust accordingly. I agree to waive all liabilities towards my technician for any injury or damages incurred to to any misrepresentation of my health history.

Signature of client _____ Date _____