



Refreshing Springs Day Spa Waxing Consent Form

Name: _____ Date: _____

1. Are you presently under a doctor's care? Yes No

2. Are you currently taking any prescription medications? Yes No If yes, please list:

3. Are you taking any over-the-counter medications such as aspirin, Tylenol, Advil, etc.? Yes No If yes, please list:

4. List all vitamins and/or food supplements you are taking, if any:

5. List all allergies:

6. Have you used Accutane, Retin-A, Renova, Deferin, corticosteroids like hydrocortisone, Kenalog or Elocon?

Yes No If so, when _____

7. Do you have: (check all that apply)

Diabetes	<input type="checkbox"/>	Hemophilia	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	Cancer	<input type="checkbox"/>
Arthritis	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>
Heart Problems	<input type="checkbox"/>		

Note: You may be denied waxing services if you have any of the above health conditions.

8. Have you used a tanning bed within the last 48 hours? Yes No

9. Have you had a glycolic acid peel or other AHA treatment, a facial, a relaxer, perm, or hair color, shaved or experienced any recent irritation to the areas to be waxed? Yes No

The undersigned acknowledges:

I understand the nature of the above-noted treatment procedure herein. I hereby and forever discharge Refreshing Springs Day Spa, its officers and employees of and from all claims, demands, damages, actions and cause of action arising out of the performance of the said treatment procedures, which I, my heirs, executors, administrators, or assigns can, shall or may have. I hereby release any and all persons representing Refreshing Springs Day Spa from all responsibility. I accept all responsibility myself for any consequences that might stem from my decision to have tinting & waxing work done. I agree that these waivers also pertain to and are designed to protect any and all establishments where Refreshing Springs Day Spa conducts business.

Client Signature: _____

Date