

Aurora Waxing Salon

Spa & Wax Release Form

Client: _____

Date: _____

1. Have you ever had an adverse reaction to waxing? Yes _____ No _____

2. WAXING TREATMENTS YOU HAVE HAD IN THE PAST:

Eyebrows _____

Lip _____

Chin _____

Face _____

Back _____

Arms _____

Legs _____

Chest _____

Brazilian _____

Bikini _____

3. Have you been tanning or have received a chemical peel in the past 48 hours?

Yes _____ No _____

4. Do you have any medical conditions, health problems or other physical conditions that might affect your waxing service today? Yes _____ No _____

If Yes please explain: _____

5. Are you currently affected by any of the following conditions?

Varicose Veins _____ Recent Surgery _____ Phlebitis _____ Diabetes _____ Sunburn _____

Allergies _____ Distended capillaries _____ Rash _____ Recent scar tissue _____ Herpes _____

Recent Peels _____ Menstrual cycle _____

6. Are you currently taking any medications? Yes _____ No _____

If Yes please check all that apply:

Accutane _____ Tetracycline _____ Retinol _____ Differin Gel _____ Renova Retin A _____

Any Retinoid medication _____

It is my choice to receive waxing. I understand that the information given about is strictly confidential and will be used for no purpose other than to assist the service provider in customizing my waxing experience. I also understand that failure on my part to disclose information could result in injury and/or illness and I hereby release Aurora Waxing Salon from any claims resulting from such. Any information provided to me by the service provider is for general educational purposes only and is not intended for any medical or therapeutic purpose. I also understand that I may have an allergic reaction from certain waxing products and treatments.

Guest Signature: _____ Date: _____

Email: _____ Phone Number: _____