

**LIABILITY WAIVER AND ASSUMPTION OF RISK
WAXING SERVICES**

I understand that administration of waxing services carries with it certain inherent RISKS that cannot be eliminated regardless of the care taken to avoid injuries. I understand that I should refrain from tanning and/or direct sun exposure within 48 hours of receiving the waxing services. I also understand that I should not have any skin "peels" within 1 week after the waxing services. I understand some skin conditions or medications can cause skin irritation or rashes and, in some cases, the removal or lifting of my skin. I have received information about the services I am seeking and represent that the following information is correct:

- YES NO Are you currently using antibiotics, hormonal medications or any medications that affect your skin integrity (thinning of skin or increasing sensitivity)?
- YES NO Have you used Adapalene or Accutane within the last 6 months?
- YES NO Have you used Retin.A or Renova within the last 30 days?
- YES NO Have you had skin or chemical peels, laser or micro-dermabrasion within the last 30 days?
- YES NO Are you currently using products that contain the following ingredients: Glycolic Acid, Lactic Acid, Vitamin A or Exfoliating Scrubs that have been prescribed by a physician?
- YES NO Are you or could you be pregnant?
- YES NO Have you received radiation therapy or chemotherapy within the last 12 months?
- YES NO Do you have allergies or allergic reactions to flower/fruit extracts, cornstarch/baby powder, aspirin, aloe or latex?
- Other allergies: _____

I know, understand and appreciate the risks associated with the administration of the waxing services and I hereby agree to ASSUME ALL RISKS associated with administration of the waxing services. I acknowledge that I have VOLUNTARILY REQUESTED to receive the waxing services.

**I HAVE CAREFULLY READ THE FOREGOING LIABILITY RELEASE, UNDERSTAND ITS CONTENTS,
AND AM AWARE THAT I AM RELEASING CERTAIN LEGAL RIGHTS THAT I OTHERWISE MAY
HAVE AND ASSUMING CERTAIN RISK.**

Printed Name of PARTICIPANT

Signature of PARTICIPANT

Date

Printed Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date