



# HEALTH SPA

## Waxing/Sugaring/Henna Consent Form

720 North 30<sup>th</sup> Street ~ Billings, MT 59101 ~ Phone (406) 294-7778 ~ Fax (406) 545-0044

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

Referred by: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

I, \_\_\_\_\_ (print name), give consent to the service provider at Oasis Health Spa to perform the following waxing/sugaring services: \_\_\_\_\_

\_\_\_\_\_ I have not used a scrub, Retin-A, Retinol OTC, take home micro-dermabrasion, glycolic peels, other peels, exfoliated or tanned in the last 72 hours.

\_\_\_\_\_ I have been off of Accutane for at least twelve (12) months.

\_\_\_\_\_ I acknowledge that some possible side effects include bruising, redness, swelling and pimples, but these are temporary and generally fade within 72 hours.

\_\_\_\_\_ For Brazilian and/or Bikini waxing/sugaring, I will notify my service provider if I am on my menstrual cycle.

\_\_\_\_\_ I do not have any open skin lesions or active herpes outbreaks (cold sore or genital).

\_\_\_\_\_ I understand that with treatment certain risks are involved and that any complications or side effects from known or unknown causes could occur. I freely assume these risks.

\_\_\_\_\_ I agree to adhere to all safety post care including: no peels, tanning, or wet room services; no swimming/spas/hot tubs for 72 hours after waxing/sugaring; and all home skin care protocols as recommended by service provider.

\_\_\_\_\_ I am over 18 years of age or I have parental consent co-signed below.

\_\_\_\_\_ I will call to inform my service provider of any complications or concerns I may have as soon as they occur.

\_\_\_\_\_ I acknowledge there is always a risk of dermatitis or an allergic reaction with any facial product and/or Henna application. I will contact my esthetician in the event of such a reaction.

My signature acknowledges that I have read and agree to receive the treatments or series of treatments listed above and that I will adhere to all of the aforementioned statements that I have initialed.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Service Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

We have the right to refuse services for all treatments if proper hygiene is not followed.

For Brazilian and Bikini waxes, please use the provided wipe to cleanse area.