**Waxing Consent & Waiver**

**Pre Treatment**

Hair must be ¼ - ½” long for all successful waxing.

Use of certain products and medications increases the possibility of a reaction, please inform your therapist of any changes.

Waxing does have certain side effects such as skin removal, redness, bruising, swelling, tenderness, hyperpigmentation, and pimples.

Waxing of soft tissue may cause the skin to tear. Most commonly in a Brazilian bikini wax.

For your personal comfort, avoid hair removal 2 days before and after your menstrual cycle.

**Post Treatment**

It is important to care for the waxed area properly after treatment to prevent ingrown hairs, breakouts, or other reactions. The following steps will give you the best results:

Use a gentle exfoliator to help keep the skin clear and less prone to blemishes.

Avoid swimming and heavy exercise/sweating to keep skin clear of ingrown hairs and blemishes.

For breakout zones, defined as face, back, and chest, use an anti-bacterial cleanser and lotion.

Do not expose skin to the sun/indoor tanning for at least 48 hours after the waxing service, especially while the skin is still red.

Don’t use products with harsh chemicals, perfumes, or dyes.Are you over 18 years old? Yes No Are you pregnant? Yes No

**Disclaimer**
I have read the above information and if I had any concerns, I have addressed them with my therapist. I give permission to my therapist to perform the waxing procedure we have discussed and will hold him/her and Calming Effects harmless from any liability that may result from this treatment. I have given an accurate account of the questions asked above including all known allergies or prescription drugs/products I am currently ingesting or using topically. I understand my therapist will take every precaution to minimize or eliminate negative reactions. In the event that I have additional questions or concerns, I will consult with my therapist immediately.

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

Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_