

Wax Release Form

Client: _____ Date: _____

1. Have you ever had an adverse reaction to waxing?

Yes No

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

Yes No

3. 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: _____

4. 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 Endless Summer Tans 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.

Guest Signature: _____ Date: _____