

WAXING CONSENT FORM

| Client Information | |
|--------------------|---------------|
| First Name | Last Name |
| | |
| Home Phone Number | Email Address |
| | |

I consent to have my wax technician perform the waxing procedure discussed beforehand and hold the technician and all other staff members harmless from any liability that may result from this treatment.

I have read and understand the post-treatment care instructions and understand the importance of following these steps.

Signature:

Signature Date: