

## 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:**