

**The Facial Studio**  
**Confidential Waxing Release Form**

1. Have you had waxing done before? \_\_\_\_\_
2. Have you experienced any unusual reactions from waxing? \_\_\_\_\_ If yes, what type of reaction occurred? \_\_\_\_\_  
\_\_\_\_\_
3. Have you used or taken any Retin A, Accutane or any other topical or internal prescription medication and/ or any retinoids within the last 3 months? \_\_\_\_\_ If yes, when and what \_\_\_\_\_  
\_\_\_\_\_
4. Do you use tanning beds or lay out in the sun? \_\_\_\_\_ If yes how often? \_\_\_\_\_
5. Do you wear sun block? \_\_\_\_\_

I understand that waxing is the procedure of removing hair by the means of applying hot soft wax or hot hard wax to the skin. I further understand that I must NOT apply any type of acid exfoliant 7-14 days (depending on type) prior to being waxed or approx. 1 week post wax (depending on type). It is my responsibility to release information on topical or internal medication, such as but not limited to Retin A or Accutane. I further understand I must stay out of the sunlight for at least 24 hours and wear sun block with an SPF 25 or greater. I understand that although it is uncommon, some of the reactions to waxing include, but are not limited to redness, irritation, ingrown hairs, small white bumps, bruising and/or sensitivity to the area. (Cool packs are recommended for any of these types of symptoms. Please contact The Facial Studio if you experience any of these reactions.)

I \_\_\_\_\_ understand the procedure of waxing as it has been explained to me above. I have taken the opportunity to ask any questions regarding this procedure. I do not hold The Facial Studio, LLC or its Estheticians liable for any type of reaction that may occur.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Esthetician Signature

\_\_\_\_\_  
Date