

WAXING NEED TO KNOWS

Prior to service:

* Please ensure your hair is at least ½ an inch long. If you shave, please let at least 1 ½ weeks pass to ensure a clean wax. When hair is not long enough, it may result in many hairs being left behind/broken. When hairs break rather than being pulled from the root, it may cause ingrown hairs.
* Be sure to exfoliate the waxing area 24-48 hours before your appointment. This will keep the skin soft and smoother and prevent ingrown hairs.
* Bath or shower on the day of your appointment to open up follicles, allowing for easier hair removal.
* Do not apply any deodorants, make-up, lotions, soaps, powders, perfumes or self-tanning products to the area to be waxed. Applying numbing creams prior to service may also result in not receiving a clean wax due to product interference despite the cleansing step.

First 24 hours after wax, try to avoid:

* Touching or scratching the waxed area
* Exfoliating the waxed area
* We suggest you rather shower in a cold temperature. Ensure the water runs off the waxed area and you do not wash or scrub this area
* Saunas/stream rooms
* Exercise, gyms and swimming
* Sunbathing, sunbeds or any sunlight and UV exposure. Sweat can infect open follicles and heat can irritate the waxed area.
* Applying products to the waxed area such as deodorants, make-up, lotions, soaps, powders, perfumes, self-tanning products etc.
* Tight fitted clothing that may cause friction to the waxed area

For upkeep, 4-6 weeks is recommended as your waxing schedule.

If you are using any of the following medications, you CAN NOT be waxed the day of:

* ACCUTANE - ADAPALENE - ISOTRETINOIN - RETIN-A - RENOVA - ALUSTRA - AVITA - TAZAROTENE - TRETINOIN - AVAGE - DIFFERIN

You may experience skin sensitivity/thinning, which can result in skin lifting, from the following:

* SUNBURNED SKIN - RETINOL - CERTAIN MEDICAL CONDITIONS - PREGNANCY - ANTIBIOTICS - OTHER MEDICATIONS NOT LISTED – MENSTRUATION



WAXING CONSENT FORM

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State & Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Referred by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give consent to the service provider at Naked Truth, Ambrea Nelson, to perform desired wax services.

\_\_\_\_\_\_ I have not used a scrub, Retin-A, Retinol OTC, take home micro-dermabrasion, glycolic peels, other peels, exfoliated or tanned in the last 72 hours.

\_\_\_\_\_\_ I have been off of Accutane for at least twelve (12) months.

\_\_\_\_\_\_ Some possible side effects include redness, swelling and pimples, but these are temporary and generally fade within 72 hours.

\_\_\_\_\_\_\_ For Brazilian and/or bikini waxing, I will notify my service provider if I am on my menstrual cycle.

\_\_\_\_\_\_\_ I do not have any open skin lesions or active herpes outbreak (cold sore or genital).

\_\_\_\_\_\_\_ I understand that with treatment certain risks are involved and that any complications or side effects from known or unknown causes could occur. I freely assume these risks.

\_\_\_\_\_\_\_ I agree to adhere to all safety post care including: no peels, tanning or wet room services; no swimming/spas/hot tubs for 72 hours after waxing; and all home skin care protocols as recommended by my service provider.

VAJACIAL CONSENT FORM

Do you have any specific skin care problems / allergies pertaining to your Bikini area?

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What skin care products do you currently use? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_ I am over 18 years of age or I have parental consent co-signed below.

\_\_\_\_\_\_\_ I will call to inform my service provider of any complications or concerns I may have as soon as they occur.

My signature acknowledges that I have read and agree to receive the treatments or series of treatments and that I will adhere to all of the aforementioned statements that I have initialed. This consent form acknowledges any future/ongoing wax treatments.

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

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

Service Provider Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We have the right to refuse services for all waxing if proper hygiene is not followed. For Brazilian and bikini waxes, please use the provided wipe to cleanse area if needed.