

Sugaring Hair Removal Consent Form

Sugaring hair removal, an ancient Middle Eastern practice, is similar to waxing, but the paste sticks to the hair, not to the skin, which causes less redness, pain, and inflammation. Since the mixture is made of natural ingredients, there is less irritation and it washes off easily with warm water. Just like waxing, if not done properly or unknown skin conditions are not disclosed, sugaring could lead to painful or infected ingrown hairs, or bruising. When the client keeps the trained professional informed about their skin and uses proper home care, the results are smooth skin that can last up to 6 weeks.

Please be aware of the following information and possible risks. Please initial:

___ I understand there are certain contraindications that would preclude me from receiving sugaring hair removal, such as uncontrolled diabetes, melanoma, open wounds, varicose veins, and sunburn.

___ I understand that the use of (AHA) alpha hydroxy or glycolic acids, Retin-A, Renova, or Accutane within 72 hours of waxing is contraindicated and may cause the skin to lift or peel.

___ I understand that the use of tanning beds and/or sun exposure immediately after sugaring hair removal is contraindicated.

___ I understand that sugaring may result in bruising, ingrown hairs, and skin irritation, redness or inflammation. Skin tearing may also happen with soft tissue and may require medical attention.

___ I have cited all conditions and circumstances regarding my health history, medications being taken, and any past reactions to products or medications.

___ I understand that if I have Herpes or Staph/MRSA, I may experience an outbreak after the sugaring service. I understand I may seek information from my esthetician regarding the best way to prevent or minimize an outbreak when sugaring regularly.

___ I understand I may carry Herpes and/or Staph/MRSA without any physical symptoms or medical diagnosis. I also understand that the sugaring service does not allow the opportunity to contract these conditions from my service.

___ I understand that sugaring hair removal may permanently damage hair follicles, resulting in permanent hair loss.

___ I understand I must be showered and prepared for my service (clean skin, no heavy lotions).

___ I will review my home care instructions given to me after my session today.

I understand that if I have any concerns, I will address them with my esthetician. I give permission to my esthetician to perform the sugaring hair removal procedure as discussed and will hold her and BodyWellness of Naples LLC harmless and nameless from any liability that may result from this treatment. I have accurately answered the questions above, including all known allergies, prescription drugs, conditions, or products I am currently ingesting or using topically. I understand every precaution will be taken to minimize or eliminate negative reactions as much as possible. In the event I may have additional questions or concerns regarding my treatment, I will consult immediately.

Client Name (Printed) _____

Client Name (Signature) _____ Date: _____

Esthetician _____

***NOTE ALL CLIENT ALLERGIES: _____