

BRAZILIAN WAX BY MARIA (BWBM) - WAXING CONSENT FORM

Name: _____ Birthday ____/____/____

Address: _____

City _____ State _____ Zip code _____

Phone _____ Email: _____

Preferred way of contact: () phone call () SMS () email

Are you pregnant? () YES () NO (if yes, please bring the doctors authorization for waxing service)

Are you Diabetic? () YES () NO

Any allergies? () YES () NO Specify: _____

Have you taken ACCUTANE with the past year? () YES () NO

Are you using Differin, Retin-A, AHA, Elocon, Corticosteroids, Derma-peeling, Prednisone, Kenalog, Lymph Node Removal or Renova? () YES () NO

Are you taken any medications that make you PHOTSENSITIVE? () YES () NO

Do you frequent tanning beds? () YES () NO

Are you currently sunburn? () YES () NO?

Are you currently taking medications? If so, please list, _____

I understand that if I begin to use or are currently using any of the medications or products listed above and do not informed the esthetician prior to the current service or in the future services, I accepted full responsibility for any adverse reactions.

DISCLAIMER

I am aware that an adverse reaction may occur during or after my waxing service. Thus, I hereby authorize BRAZILIAN WAX BY MARIA (BWBM) to perform the waxing service below. I also hereby release BWBM owners, officers and staff from any and all liabilities arising from or as a result of my waxing service that I am receiving today and all future appointments, I hereby also assume full and complete responsibility for any personal injury, loss or damage to my health or property as a result of the waxing service that I am going to receive at BWBM today and also future services. BWBM cannot and does not claim to diagnose or give any advice on any medical conditions of the skin. I agree to seek immediate medical attention and advice from a qualified physician or medical facility if any irritation or adverse reaction occur.

Waxing Service: _____

PRINTNAME: _____ SIGN _____

Parent/guardian authorization for under 18 YRS age:

I, _____ do solemnly declare that I am the parent/legal guardian of _____ and I hereby authorize and take full and complete responsibility of BWBM performing a waxing service on this ____/____/____ and in the future, until BWBM receives a written removal of my consent. SIGN _____

2419 S BABCOCK STREET. SUITE D, MELBOURNE, FL 32901 (321) 266-0170