



CLIENT INFORMATION AND CONSENT FORM

Name: _____ Date of Birth: _____

Email: _____ Telephone: _____

*Providing your email address will automatically enroll you to receive email communication from us. You can opt out of these emails at anytime.

Address: _____

City: _____ State: _____ Zip Code: _____

How would you like for us to contact you? Phone Email Both

How did you hear about us? Facebook Google Walk-In

Friend, please provide name: _____

Other, please specify: _____

Sex: Female Male

Do you have any allergies? Yes No

If yes, please specify: _____

Have you ever had any adverse reaction to waxing? Yes No

If yes, please specify: _____

Have you had the following services in the last seven days?

Tanning booth Microdermabrasion

Chemical Peels Laser Resurfacing

Have you been under a dermatologist's care, within the last year? Yes No

Do you have any special skin problems or sensitivity? Yes No

If yes, please specify: _____

Are you pregnant? Yes No If yes, how far along are you? _____

Are you currently using any products that contain the following ingredients?

Accutane Glycolic Acid Lactic Acid

Resorcinol Retin-A Alpha Hydroxy Acid

Other skin thinning products If yes, please specify: _____

****Caution: Using Accutane or similar products can cause skin to rip off during waxing. For your own protection, we cannot wax you until you have been off Accutane or similar medications for at least 6 month. Consult your physician before discontinuing any medication. Initial below if you understand the risks of Accutane. If I elect to take Accutane in the future, I will inform my esthetician and will not get waxed at Luscious Brazilian Wax at any time within 6 months of taking the medicine.**

Initials: _____

Do you burn easily in moderate sunlight? Yes No

Have you shaved within 10 days of your appointment date? Yes No

If yes, you understand that some hairs may be missed if they are too short.

Are there any illness or conditions for which you are presently being treated by a medical

professional that we should be aware of? Yes No

If yes, please specify: _____

The paragraph below explains the liability waiver for Luscious Brazilian Wax, LLC. By signing or typing your name below, you agree to hold Luscious Brazilian Wax, LLC and staff harmless from all liability associated with waxing, and skin care services.

I _____ understand and acknowledge that there are risks involved with waxing and skin care services, including but not limited to these side effects skin rashes, skin tears, reddish bumps, slight subcutaneous bleeding, irritation, redness, bruising, allergic reaction, ingrown hairs. I have had the opportunity to ask questions regarding these risks and other possible complications. I have given an accurate account of the questions asked above including all known allergies. I understand that any false or misleading information I have given may lead to undesired results, side effects, and complications, and I hereby waive liability and hold harmless Luscious Brazilian Wax, LLC, if such results, side effects or complications occur. I understand my esthetician will take every precaution to minimize or eliminate negative reactions as much as possible. I further understand that my failure to follow post care instructions may also lead to undesired results, side effects and complications and I hereby waive liability and hold harmless Luscious Brazilian Wax, LLC if such results or complications occur. In consideration for Luscious Brazilian Wax, LLC performing these services, I agree and I will assume the risk and the full responsibility for any injuries, losses, or damage, which might occur to me while I'm undergoing these services and/or any side effects that I may experience after the services are performed. To the maximum extent allowed by law, I agree to waive and release any and all present and future claims, suits or related causes of actions against Luscious Brazilian Wax, LLC, its owners, officers, employees, sub contractors, for negligence, injury, loss, death, costs or other injuries or damages to me that may result from these services. This agreement is binding as to me during my lifetime as well as my estate, heirs, administrators, personal representatives, or assigns upon my death, and shall be deemed as "release waiver, discharge and covenant" not to sue Luscious Brazilian Wax, LLC. This consent form is for waxing and/or facial services waiver of liability and hold harmless agreement shall remain in effect until such time that either party here expressly or states in writing an intent to revoke the same.

Signature: _____ Today's date: _____

Minors under the age of 18 must have a parent/legal guardian signature.

Print Name: _____

All questions contained in this questionnaire are strictly confidential.