

WAXING CONSENT

I, _____ authorize ROSA MYERS, a Licensed Aesthetician at POREFECTION to perform the selected waxing treatments.

- Lips
- Brows
- Chin
- Face
- Underarms
- Bikini
- Brazilian

~~INITIAL~~

_____ I certify that I am over the age of eighteen (18) and that;

_____ I have NOT used any form of Vitamin A (Retinol, Tretinoin, Tazorac, etc.) in the last seven (7) days,

_____ I do NOT have any known allergies to Cirepil Wax,

_____ I do NOT have an active herpes simplex or active breakout,

_____ I understand that my skin may be sensitive, and or pink after waxing,

_____ I will protect the waxed areas from direct sun for 3 day post waxing,

_____ I will use a broad spectrum sunscreen on exposed areas,

_____ I will exfoliate 2-3 weeks after waxing to prevent ingrown hairs,

_____ I will inform ROSA MYERS if at anytime any waxing treatment is painful or uncomfortable,

_____ I understand that I can continue the use of any Vitamin A products 3 days after waxing treatment.

- I have read and will follow to the best of my ability any and all instructions.
- I understand the potential risks and complications, and choose to proceed after careful consideration of the possibility of both known and unknown risks, complications, limitations and alternatives.

Client's signature _____ Date _____

Rosa Myers signature _____ Date _____