

Sunrise Spa Waxing Consent Form

1, [, give consent to the service provider at
Su	nrise Spa to perform face and/or body waxing services for me.
Ex	I have not used a scrub, Retin-A, Retinol OTC, Microderm- Abrasion, Glycolic or other Peels, foliated or Tanned in the last 72 hours.
	I have not used Accutane for at least 12 months.
ge	Some possible side effects include redness, swelling and pimples, but these are temporary and nerally fade within 72 hours.
	For Brazilian and/or Bikini Waxing, I will notify my provider if I am on my menstrual cycle.
	I do not have any open skin lesions or active herpes outbreaks.
sic	I understand that, with treatment, certain risks are involved and that any complications or de effects from known or unknown causes could occur. I freely assume these risks.
sei	I agree to adhere to all safety post care protocols including no peels, tanning or wet room rvices and no swimming, spas or hot tubs for 72 hours after waxing services are performed.
	I am over the age of 18.
as	I will call to inform my service provider of any complications or concerns I may have as soon they occur.
M	y signature acknowledges that I have read and agree to receive face and/or body waxing treatments and that I will adhere to the afore-mentioned statements that I have initialed.
Na	ame
Sig	gnature Date//20
	We reserve the right to refuse waxing services for any area of the body if proper hygiene is not followed.
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