Waxing consent form

Consent to waxing services

I voluntarily request and consent to receiving waxing services from **[Salon or Practitioner Name]**.

Waxing may involve applying warm or cold wax to the skin and removing it together with unwanted hair.

The treatment may be performed on areas including the face, eyebrows, arms, underarms, legs, back, chest, bikini area or other agreed body areas.

I understand that I may ask the practitioner to pause, modify or stop the treatment at any time.

The practitioner may refuse, postpone or stop the service if they reasonably believe that waxing may be unsafe, unsuitable or likely to cause excessive skin irritation or injury.

Completed services, used products, deposits and reserved appointment time remain subject to the salon's payment and cancellation policies.

Health and skin information

I agree to tell the practitioner about any condition, product, treatment or medication that may affect my skin or the safety of waxing.

Relevant information may include:

- Sensitive, fragile or damaged skin
- Sunburn, rash, irritation, cuts or open wounds
- Eczema, psoriasis, dermatitis or another skin condition
- Skin infection, cold sores or contagious conditions
- Recent cosmetic procedures
- Recent laser, chemical peel, microdermabrasion or resurfacing treatment
- Use of retinoids, exfoliating acids or strong acne products
- Prescription acne medication
- Medication that may make the skin more sensitive
- Diabetes or another condition that may affect healing
- Allergies or sensitivities to wax, resin, fragrance, latex or skincare products
- Pregnancy or hormonal changes that may increase skin sensitivity
- A history of severe reactions to waxing

I confirm that the information I provide is complete and accurate to the best of my knowledge.

The practitioner is not a medical professional and cannot determine whether waxing is medically appropriate for me.

The practitioner may recommend that I obtain advice from a qualified healthcare professional before proceeding.

Medications and skincare products

I understand that certain medications and skincare products can make the skin thinner, more fragile or more likely to lift during waxing.

These may include:

- Prescription or non-prescription retinoids
- Strong exfoliating acids
- Acne treatments
- Skin-lightening products
- Steroid creams
- Medications that increase skin sensitivity
- Recently discontinued prescription acne medication

I agree to tell the practitioner about all relevant products and medications before treatment.

I understand that stopping a product shortly before the appointment may not immediately remove the increased risk.

The practitioner may refuse to wax an area where the skin appears too fragile, irritated or unsuitable.

Recent treatments and sun exposure

I agree to disclose any recent treatment or activity that may affect the skin, including:

- Tanning or significant sun exposure
- Sunburn
- Chemical peels
- Laser treatments
- Microdermabrasion
- Microneedling
- Dermaplaning
- Cosmetic injections near the treatment area

- Tattoos or piercings that are still healing
- Previous waxing or hair-removal treatments
- Use of self-tanning products

I understand that waxing recently treated, sunburned or sensitised skin may increase the risk of injury.

Possible reactions and risks

I understand that waxing involves pulling hair from the skin and may cause temporary discomfort or skin reactions.

Possible effects and risks include:

- Pain or tenderness
- Redness and warmth
- Swelling or inflammation
- Itching or irritation
- Temporary bumps
- Folliculitis
- Ingrown hairs
- Bruising
- Small areas of bleeding
- Skin lifting, tearing or removal
- Burns from wax that is too hot
- Allergic or adverse reactions
- Changes in skin colour
- Infection
- Scarring
- Broken hairs or incomplete hair removal
- Aggravation of an existing skin condition

I understand that reactions may occur even when the service is performed carefully and suitable products are used.

The salon and practitioner cannot guarantee that the skin will remain free from irritation, ingrown hairs, pigmentation changes or other reactions.

Patch testing

The practitioner may recommend or require a patch test before using a new product or treating a sensitive area.

I understand that a patch test may help identify certain reactions but cannot guarantee that irritation or an allergic reaction will not occur during the full treatment.

I agree to tell the practitioner immediately if I experience itching, burning, swelling, redness or another unusual reaction during or after a patch test.

Treatment areas and personal boundaries

The practitioner will only wax the areas agreed during the consultation.

I may request that any area be avoided or that the service be stopped.

Where intimate waxing is provided, professional boundaries, privacy and appropriate draping will be maintained.

The service does not include sexual contact or inappropriate touching.

Sexual, threatening, abusive or inappropriate behaviour may result in the treatment ending immediately and may be reported where appropriate.

Client responsibilities during treatment

I agree to:

- Follow reasonable preparation instructions
- Keep the treatment area reasonably clean
- Inform the practitioner of pain, burning or excessive discomfort
- Avoid sudden movement during the service
- Follow positioning instructions
- Tell the practitioner immediately if the wax feels too hot
- Disclose relevant medications, products and skin treatments
- Avoid requesting treatment over damaged or unsuitable skin

I understand that the practitioner cannot respond to discomfort, sensitivities or medical information that I do not communicate.

Aftercare

I agree to follow the practitioner's aftercare instructions.

After waxing, I may be advised to temporarily avoid:

- Hot baths, saunas and steam rooms
- Swimming pools and hot tubs
- Heavy exercise and excessive sweating
- Direct sunlight and tanning
- Tight clothing over the treated area
- Fragranced, exfoliating or irritating skincare products
- Scratching or touching the area unnecessarily
- Further hair removal
- Sexual activity where it may irritate an intimate treatment area

I understand that failing to follow aftercare instructions may increase the risk of irritation, infection, ingrown hairs or skin damage.

I will seek appropriate medical advice if I experience severe pain, blistering, spreading redness, significant swelling, discharge, fever or another concerning reaction.

The salon does not provide medical diagnosis or treatment.

Results and regrowth

I understand that waxing results vary depending on:

- Hair growth cycles
- Hair thickness and texture
- Previous hair-removal methods
- Hormonal factors
- Medication
- Skin sensitivity
- The length of the hair at the time of treatment
- Aftercare

Some hairs may break rather than being removed from the root.

Hair may regrow unevenly or sooner than expected.

The salon cannot guarantee that all hair will be removed or that the result will last for a specific period.

Personal belongings and clothing

I understand that wax, oil or skincare products may stain clothing or personal belongings.

I agree to use any protective covering provided and to keep valuable or delicate belongings away from the treatment area.

To the fullest extent permitted by applicable law, the salon is not responsible for ordinary staining or damage where reasonable protective measures were provided and the damage was not caused by liability that cannot legally be excluded.

Assumption of risk

I knowingly and voluntarily accept the ordinary and inherent risks associated with waxing.

I accept responsibility for reactions, injuries or complications caused or materially contributed to by:

- Relevant information I concealed or provided inaccurately
- A medication, product or skin treatment I failed to disclose
- Waxing over skin that I knew was damaged, irritated or recently treated
- My failure to follow reasonable preparation or aftercare instructions
- Products or treatments used after leaving the salon
- My failure to report discomfort or excessive heat during the service

Liability release

To the fullest extent permitted by applicable law, I release **[Salon or Practitioner Name]** and its owners, employees, contractors and representatives from claims arising solely from:

- Ordinary and inherent waxing risks knowingly accepted in this form
- Relevant information I concealed or provided inaccurately
- My failure to follow reasonable preparation or aftercare instructions
- An undisclosed medication, skincare product or recent treatment
- Products or treatments applied after leaving the salon
- Events outside the salon’s reasonable control

This release does not exclude or limit liability that cannot legally be excluded or limited.

It does not apply to fraud, intentional misconduct, gross negligence, reckless conduct, violations of mandatory consumer rights or any other liability that applicable law prohibits the salon or practitioner from waiving.

Privacy and recordkeeping

I understand that the salon may collect and retain information where reasonably necessary to:

- Assess whether waxing is appropriate
- Provide and record the service
- Maintain consultation and consent records
- Record allergies, sensitivities or previous reactions
- Communicate about appointments
- Respond to complaints, adverse reactions or legal claims
- Meet insurance, professional and legal obligations

My information will be handled according to the salon’s privacy notice and applicable data-protection laws.

Health and treatment information should only be accessed by people who reasonably require it.

Final declaration

By completing and signing this form, I confirm that:

- I have read and understood the entire form.
- The information I provided is complete and accurate.
- I have disclosed relevant medications, skincare products, skin conditions and recent treatments.
- I understand the waxing procedure.
- I understand the possible risks and skin reactions.
- I understand that results cannot be guaranteed.
- I will communicate discomfort during the treatment.
- I agree to follow the practitioner’s aftercare instructions.
- I had an opportunity to ask questions before signing.
- I voluntarily consent to receiving waxing services.
- I understand that this form does not remove rights or protections that cannot legally be waived.

Client completion

Contact details

First name *

Last name *

Phone

Email *

☐ I have read, understood and agree to the Waxing Consent Form and Liability Waiver above. I confirm that the information provided is accurate, that I have disclosed relevant medications, products, skin conditions and recent treatments, and that I voluntarily consent to receiving waxing services. *

Signature *