



Waxing Disclaimer

Date_____

I,_____ Am or Am Not Presently using

Retin-A Accutane Glycolic Acid Renova

I understand that I am responsible for any trauma or reactions (scabbing, redness, or pimples) that I am experience from the service known as waxing. I also understand that if I start to use any of the products mentioned above, and do not inform my technician, I am accepting responsibility for my skins reaction.

Client Signature_____

Technician Signature_____