



skin body soul

Waxing Consent

_____ I am using _____ I am NOT using (check any that apply)

_____ Retin a/retinol _____ Accutane _____ Glycolic Acid _____ Renova

I understand that I am responsible for my trauma and or/ reactions (scabbing, redness, or breakouts) that I may experience after my waxing procedure. I also understand that if i start to use or am currently using any of the products mentioned above, and do not inform the technician, I am accepting full responsibility for my skin's reaction.

Signature: _____

Date: _____