

# WAXING CONSENT FORM

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Service Details:

Type of Waxing Service: \_\_\_\_\_

Area(s) to be Waxed: \_\_\_\_\_

Additional Instructions: \_\_\_\_\_

## Health Information and Disclosures:

Please disclose any allergies, skin conditions, sensitivities, or medical conditions that could affect the waxing service or cause adverse reactions. Inform the technician if you are pregnant, taking medication, or have any other relevant health concerns.

## Consent and Agreement:

I, the undersigned, hereby consent to the waxing service(s) described above. I acknowledge that I have disclosed all relevant health information to the best of my knowledge. I understand that waxing involves the removal of hair by pulling from the root and may cause redness, irritation, or discomfort. I release the esthetician, salon, and any associated personnel from any liability arising from the waxing service unless caused by negligence or willful misconduct.

## Client Responsibilities:

I agree to follow all pre- and post-waxing care instructions provided by the technician. I understand that failure to adhere to these guidelines may affect the outcome of the service and increase the risk of adverse effects.

## Liability Waiver:

I waive any right to hold the esthetician or salon responsible for any allergic reaction, skin damage, or injury arising from the waxing service, except in cases of proven negligence or intentional harm. I understand that results vary and no guarantees are made regarding hair removal permanence or skin appearance.

## Cancellation and Refund Policy:

Appointments must be canceled or rescheduled at least 24 hours in advance. Late cancellations or no-shows may be subject to a fee as determined by the salon policy.

## Privacy and Data Protection:

All personal information collected during the course of service provision will be handled in accordance with applicable United States privacy laws and salon policies. Information will not be shared with third parties without explicit consent, except as required by law.

## Governing Law and Jurisdiction:

This Consent Form and all related agreements shall be governed by and construed in accordance with the laws of the State in which the service is provided, without regard to its conflict of law provisions. Any disputes arising under this agreement shall be resolved exclusively in the state or federal courts located within the appropriate jurisdiction.

**Acknowledgment and Signature:**

By signing below, I acknowledge that I have read, understood, and agreed to all terms and conditions outlined in this Waxing Consent Form. I certify that the information provided is accurate and complete to the best of my knowledge.

**CLIENT SIGNATURE**

**ESTHETICIAN SIGNATURE**

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Original source of this document:

<https://docs-wellness.com/waxing-consent-form-template/>

Did you find this template helpful?

Find more updated templates at:

<https://docs-wellness.com/>

[View more templates](#)

This template is intended exclusively for personal, non-commercial use.  
If distributed or published, the source must be mentioned.

This template is provided for guidance only and does not constitute legal advice.  
It is recommended to consult a legal professional for each specific case.