AUTHORIZATION AND CONSENT FOR WAXING

Please read and complete this form carefully.

You have the right to be informed about the procedure(s) to be administered, including benefits, risks, and potential side-effects, so that you can decide whether to proceed. You are encouraged to ask Pure Skinz Aesthetics any questions you may have and to consult with a healthcare provider if you have additional questions.

By signing this authorization form, you declare that the answers given herein are true and complete to the best of your knowledge. False or misleading answers can lead to complications and/or undesirable results.

Please indicate your answer by checking one box per question and provide detail where appropriate.

Have you taken Accutane within the past 12 months? ☐Yes ☐No
If so, provide date of last dose:_____

Are you pregnant, diabetic, or receiving cancer treatment? ☐Yes ☐No

Have you recently received any exfoliating treatments or chemical peels? ☐Yes ☐No

Are you using acne medications (prescribed or over the counter) including: Retin-A, Differin, Tazorac, Atralin, or other retinoids? ☐Yes ☐No
If so, please specify and provide date of last dose: _____
_____

Are you taking antibiotics, birth control, or hormone replacements? ☐Yes ☐No
If so, please specify and provide date of last dose: _____
_____

Do you have AIDS, Lupus, or other chronic condition(s) that may compromise the skin barrier? ☐Yes ☐No
If so, please specify: _____

Do you have any allergies including allergies to wax or latex? ☐Yes ☐No
If so, please specify: _____

Have you used a tanning bed or experienced prolonged sun exposure within the past 24 hours? ☐Yes ☐No

Do you have rosacea, eczema, psoriasis, cracked or open skin, severe varicose veins, or any skin sensitivities? ☐Yes ☐No
If so, please specify: _____

Are you menstruating or about to begin menstruating? ☐Yes ☐No

Waiver I understand and acknowledge that there are risks involved with the waxing procedure(s), including, but not limited to, those side effects listed above. I understand that any false or misleading information I have given may lead to undesired results and complications and hereby waive Pure Skinz Aesthetics liability if such results or complications occur. I further understand that my failure to follow post-procedure instructions may also lead to undesired results, complications or effects and hereby waive Pure Skinz Aesthetics liability if such results or complications occur. In consideration for Pure Skinz Aesthetics performing this procedure(s), I agree that I will assume the risk and full responsibility for any and all injuries, losses, or damages, which might occur to me while I am undergoing this procedure(s) or side effects I may experience after the procedure(s) is performed. To the maximum extent allowed by law, I agree to waive and release any and all present and future claims, suits or related causes of action against Pure Skinz Aesthetics, its owners, officers, employees, or agents for negligence, injury, loss, death, costs or other injuries or damages to me as a result of the procedure(s).

I certify that I have read and fully understand the above paragraphs, that I have had sufficient opportunity for discussion and to ask questions, and that I hereby consent to, and authorize Pure Skinz Aesthetics to perform, the procedure(s) described above on me.

_____

Client Signature Printed Name Date

_____

Guardian Signature (if minor) Printed Name Date

_____

Authorized Signature for Pure Skinz Aesthetics Date