



# *Elizaveta Neginskaya Signature Brows and Beauty Studio*

## **Waxing Consent**

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

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_ Referred by: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

I, \_\_\_\_\_, give my consent to Elizaveta Neginskaya for the following wax services: \_\_\_\_\_

Please initial below:

\_\_\_\_\_ I have not used a scrub, Retin-A, Retinol OTC, take home micro-dermabrasion, glycolic peels, other peels, exfoliated or tanned in the last 72 hours.

\_\_\_\_\_ I have been off of Accutane for at least twelve (12) months.

\_\_\_\_\_ Some possible side effects include redness, swelling and pimples, but these are temporary and generally fade within 72 hours.

\_\_\_\_\_ I understand that with treatment, certain risks are involved and that any complications or side effects from known or unknown causes could occur. I freely assume these risks.

\_\_\_\_\_ I agree to adhere to all safety post care including: no peels, tanning or wet room services; no swimming/spas/hot tubs for 72 hours after waxing; and all home skin care protocols as recommended by my service provider.

\_\_\_\_\_ I am over 18 years of age or I have parental consent co-signed below.

\_\_\_\_\_ I give Elizaveta Neginskaya permission to take, publish and reproduce photographs of me, my face, and/or my eye area, both before and/or after the procedure for advertising and other purposes

For Brazilian and/or bikini waxing clients only:

\_\_\_\_\_ I will notify my service provider if I am on my menstrual cycle.

\_\_\_\_\_ I do not have any open skin lesions or active herpes outbreak (cold sore or genital).

My signature acknowledges that I have read and agree to receive the treatments or series of treatments listed above and that I will adhere to all of the aforementioned statements that I have initialed.

\_\_\_\_\_ Client Signature & Date

\_\_\_\_\_ Guardian Signature & Date

By: *Elizaveta Neginskaya*