

Wax Consent Form

Name:	Elizabeth Loggins	Date:	03/01/2024
Gender:	<input type="radio"/> Male <input checked="" type="radio"/> Female <input type="radio"/> Other:		
Address:	626 Rubicon st., Institute City		
Contact Number:	156 171 2023		
Email Address:	lzbth.loggins@email.com		

I, Elizabeth Loggins, consent to a waxing treatment that uses Sugar Wax to be used on my bikini area.

I acknowledge and have been informed of all potential risks and side effects associated with the waxing treatment, including but not limited to:

Folliculitis, rashes, bumps, burning, bruises, sensitivity, infection

- I have had the opportunity to ask questions and seek clarification.
- I have read and understood the information provided in this consent form. I willingly consent to the proposed waxing treatment.
- I understand that I have the right to withdraw my consent at any time without facing any consequences.


Elizabeth Loggins

Client Name and Signature


Sasha Wexler

Staff / Witness Name and Signature