

# Wax Consent Form

<b>Name:</b>		<b>Date:</b>	
<b>Gender:</b>	Male	Female	Other:
<b>Address:</b>			
<b>Contact Number:</b>			
<b>Email Address:</b>			

I, \_\_\_\_\_, consent to a waxing treatment that uses \_\_\_\_\_ to be used on my \_\_\_\_\_.

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

- 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.

\_\_\_\_\_  
Client Name and Signature

\_\_\_\_\_  
Staff / Witness Name and Signature