

WAX RELEASE FORM

A. I understand that the information provided below is strictly confidential and will be used for no other purpose other than to assist the service provider customizing my waxing service. Failure on my part to disclose information could result in injury and/or illness and I hereby release Nichole Hines, BellaBar, and its representatives from any claims resulting from such. Any information provided to me by the service provider is for general educational purposes only and is not intended for any medical or therapeutic purpose. B. I understand that I must avoid direct sunlight for at least 48hrs and wear at least and SPF 30 for 48hrs post-treatment. I further understand that some redness, irritation, ingrown hairs, and small white bumps may occur and that waxing may stimulate the activity of cold sores and fever blisters. I understand the procedure of waxing that will be performed and I will not hold Nichole Hines and its parent company or representatives liable for any type of reaction that may occur. C. My signature/initials below indicates that I have stated all medications and/or medical conditions pertaining to me. I understand that it is my responsibility to update the service provider of any of the below information, if it changes. Bella Bar has permission to contact me via email and text.

I understand that I may register for an account to have my answers on this form pre-filled.

yes no

I understand that any type of exercise within 72 hours after a wax service may cause irritation to my skin. I agree to refrain from such exercise for up to 72 hours and acknowledge that I may experience irritation if I exercise and sweat within 72hrs.

yes no

If you are a new client, how did you find BellaBar? If internet, please specify: Google, YELP, Facebook, etc.

Have you checked our reviews on YELP?

yes no

Please specify your age range: (check all that apply)

- 16-30
- 31-40
- 41-50
- 51-60
- 61+

Have you had a professional wax? If yes, did you have any issues?

Do you have sensitive skin? If yes, please understand that rendering your hair removal service may cause your skin to have a reaction.

yes no

Do you agree to refrain from tanning beds and direct sun for 48hrs before my wax removal service(s).

yes no

Do you have any medical conditions, health problems, or other physical conditions that might effect your waxing service? If yes, please specify:

If yes, please mark all that apply. (circle one)

NONE

Varicose Veins

Recent Surgery

Phlebis

Diabetes

Sunburn Capillaries

Rash

Recent Scar Tissue

Herpes

Recent Peels

Allergies

Other

Are you taking any medications? If yes, please specify:

Do you have sensitive skin? If yes, please understand that rendering your desired sugaring service may cause your skin to have a reaction.

yes no

Are you pregnant?

yes no

Do you agree to not take any blood thinners for 24hrs prior to your service? IE: Aspirin, Tylenol or other medications?

yes no

I have answered all questions truthfully. INITIAL BELOW.

What is your address?

If booking appointment via phone: I agree to read the Release Form Clause in my confirmation email.

yes no

Appointment Completed By: (check all that apply)

Client

Receptionist Via Phone