



Pre-Wax Consent Form: To prevent serious side effects such as **skin lifting, permanent scarring, increased sensitivity, swelling or bruising** Mitchell's Salon and Day Spa Inc. **cannot** perform waxing services if you are currently or have utilized the following within the last:

7 Days	1 Month	3 Months	1 Year
<ul style="list-style-type: none"> • Salon Grade Facial Peel • Microdermabrasion 	<ul style="list-style-type: none"> • Adapalene • Alustra (Retin A) • Avita (Retin A) • Clindamycin • Differen • Doxycyclene • Erythromycin • Madifloxice (Retin A) • Metronidazole • Minocycline • Revova Tazarac • Tazarotene • Tetracyclene • Tretinoin • Undergoing Chemotherapy 	<ul style="list-style-type: none"> • Physician Supervised Skin Care Products or Light Facial Peels • Skin Lift from Previous Waxing Service. • Epiduo 	<ul style="list-style-type: none"> • Accutane • Isotretinoin • Laser Skin Resurfacing

I, _____ hereby acknowledge that I have read and understand the above statements and none of them apply to me.

I further understand that side effects including but not limited to **skin lifting, permanent scarring, increased sensitivity, swelling or bruising** can also occur if I have been in a tanning bed today, am pre-menstrual, using Acne Medication not listed above or have been using products with one of the following ingredients: Alpha Hydroxy Acids, Oral Antibiotics, Topical Antibiotics, Retinol, Salicylic Acid, Exfoliants, Bleaching Agents such as Triluna or Hydroquinone or Benzoyl Peroxide.

Release of All Claims Form: The undersigned, being of lawful age, does hereby forever release and discharge Mitchell's Salon & Day Spa, Inc., it's employee's and agents, shareholders, successors and assigns for and from any and all liability, claims, demands, damages and causes of action, of any kind, including but not limited to personal injuries, medical expenses, pain and suffering, lost wages and all other damages, whether now known or unknown, resulting from the rendering of service's at Mitchell's Salon & Day Spa Inc.

Client Signature: _____

Date: _____

Esthetician Signature: _____

Date: _____