

**AVANTE SALON & DAY SPA**  
**Waxing and Tweezing Consent**

Name: \_\_\_\_\_ We would like to inform you of the following:

Individual sensitivities may occur during tweezing and/or waxing services, regardless of a client's history of sensitivity. Please inform your technician if you have experienced any of the following: sensitivities to scented cosmetic formulations, tea tree oil, or any other form of topical treatment. Waxing removes the top layer of skin which can result in a temporary break out/redness/swelling. Avante also recommends that no client, under any circumstances, receive a waxing or tweezing service if any form of the following scenarios applies:

- Use of Renova, AHA, Differin, Retin A, acid-based products, or any other retinoid or retinol related products. Use of Accutane or any products related to Accutane.
- Under a doctor's care for any skin-related condition or illness.

Avante recommends that you refrain from any of the following after receiving waxing or tweezing services:

- Application of Retin A, Renova, AHA products at least 48 hours after waxing and tweezing.
- Abrasive products on any areas waxed or tweezed.

Please notify your service provider of any questions or concerns regarding your procedure or if any of the above scenarios apply to you. I have read, understand and agree to the above information. I acknowledge and agree that Avante, its employees and all other representatives are harmless from any and all damages and/or claims associated with waxing and tweezing services.

**Guest's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Service Provider:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Consent to treat a Minor: By my signature below, I hereby authorize \_\_\_\_\_ to administer waxing services to my child or dependent as the technician deems necessary.

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_