

Sugaring Release Form



Name: _____ Phone Number: _____

Instagram and FB: _____ Date of Birth: _____

Email: _____

Address: _____

How did you hear about us? _____

If it was a referral, who can we thank? _____

Sugaring hair removal—an ancient Middle Eastern practice, is similar to waxing, but the paste sticks to the hair, not to the skin, and causes less redness, pain, and inflammation. And, since the mixture is made of natural ingredients, there's less irritation, and it washes off easily with water. Just like waxing, if not done properly or if unknown skin conditions are not disclosed, sugaring could lead to painful or infected ingrown hairs, or bruising. When the client keeps the trained professional informed about their skin, the results are smooth skin that can last up to 6 weeks.

Please be aware of the following information and possible risks. Please initial:

___ I understand there are certain contraindications that would preclude me from receiving sugaring hair removal, such as uncontrolled diabetes, melanoma, open wounds, varicose veins, and sunburn.

___ I understand that using (AHA) alpha hydroxy or glycolic acids, Retin-a, Renova, or Accutane within 72 hours of sugaring is contraindicated and may cause the skin to lift or peel.

Please indicate if you are using these things: _____

___ I understand that the use of tanning beds and/or sun exposure immediately after sugaring hair removal is contraindicated.

___ I understand that sugaring may result in bruising, ingrown hairs, and skin irritation, redness or inflammation.

___ I have cited all conditions and circumstances regarding my health history, medications being taken, and any past reactions to products or medications.

___ I understand that sugaring hair removal may permanently damage hair follicles, resulting in permanent hair loss.

Note:

Please note that receiving sugaring at certain times around the menstrual cycle can cause more discomfort.

No sauna, hot tubs, or hot yoga for 48 hours.

Please list any concerns, if any, that you may have with this service:

I understand that if I have any concerns, I will address these with my skin care specialist. I give permission to my skin care specialist to perform the sugaring hair removal procedure we have discussed and will hold him/her and his/her staff harmless and nameless from any liability that may result from this treatment. I have accurately answered the questions above, including all known allergies, prescription drugs, conditions, or products I am currently ingesting or using topically. I understand my skin care specialist will take every precaution to minimize or eliminate negative reactions as much as possible. In the event I may have additional questions or concerns regarding my treatment, I will consult the skin care specialist immediately.

Client Name (Printed)

Client Name (Signature)

_____ Date: _____