**Client Release Form**

**Facials, Waxing and Peels**

I have completed the Facials, Waxing and Peel intake form accurately. I have been candid in revealing any conditions that could prohibit treatment(s), such as cold sores, pregnancy, use of hormones, recent facial surgery or laser resurfacing, recent use of Retin A or use of Accutane within the last 18 months.

* I acknowledge that the possibility of an adverse reaction to a waxing, facial and/or peel can occur and that this is the case regardless of precautions taken. I accept sole responsibility for the treatments I receive and for any medical care that may become necessary. I will immediately contact the Esthetician who performed the treatment of any adverse reactions. In the even that I cannot reach such person, I will immediately seek medical care.
* The Esthetician has provided me the information necessary for me to make the informed decision to proceed with the treatment(s). He/she has answered all of my questions concerning the treatment(s). I clearly understand the above information.
* I fully understand that SassyBo LLC and its agents may refuse to perform the treatment(s) I have requested if I have answered “yes” to any of the intake question. I understand that I have given up substantial rights by signing this release and that it represents an agreement between SassyBo LLC and me. I agree that my participation in treatment(s) is voluntary and I accept the inherent risks.
* I hereby release SassyBo LLC, its agents, owners, employees, successors and assigns, and suppliers from any and all damage or injury that may result from the treatment I receive. I represent that all the information provided by me has been true and correct. I am over the age of 18 years old. I hereby authorize the therapist to perform said treatment(s).

Client Name (please print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_

Esthetician\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_

**Consent to Treatment of Minor**

By my signature below, I hereby authorize a State Certified Esthetician at SassyBo LLC to administer a facial or waxing to my child or dependent, as they deem necessary.

Guardian Name (please print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_

Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_