

Please read carefully and initial the following:

_____ I understand that services provided by Skin Care and Waxing by Crickett, including facials & waxing are for the sole purpose of skin cleansing and body/mind relaxation and rejuvenation only.

_____ I understand that it is imperative to tell Skin Care by Crickett about any oral or topical, medications that I am currently using prior to any facial or waxing service.

_____ I understand that Skin Care and Waxing by Crickett does not diagnose illness, disease, or any other physical or mental disorder.

_____ I understand that results are individual and vary by person and not guaranteed.

_____ I confirm that to the best of my knowledge the answers given on this intake form are correct and that I have not withheld any information that may be relevant to my treatment at Skin Care & Waxing by Crickett.

_____ I understand that Skin Care and Waxing by Crickett has a strict 24 hour cancellation policy. In the event of a late cancellation I agree to pay a fee of \$50.

_____ I understand that Skin Care & Waxing by Crickett has a strict NO-Show Policy. If I fail to show up for my appointment without proper advanced notification, I agree to pay the NO-Show fee, which is 100% of the total of my scheduled services.

_____ I understand that there are risks associated with skincare and waxing treatments. Side effects may include, but are not limited to: redness, sensitivity, peeling, inflammation, hyperpigmentation, bruising, skin lifting, hives, and breakouts.

_____ I understand that appointment reminders are sent as a courtesy. It is the responsibility of the client to keep track of appointment dates and times, and cancel or reschedule in a timely manner.

Please take the time to note any additional information that may be of importance for Skin Care & Waxing by Crickett to know regarding the treatment(s) you will be receiving.

Client Signature _____

Date signed: ____/____/____