

ADVANCED BODY SUGARING BY MARIA

Client questionnaire

All information contained herein is strictly confidential and for the use of sugar technician only. (PLEASE PRINT)

NAME: _____ TEL: _____
ADDRESS: _____
POSTAL CODE: _____

1. How did you become aware of body sugaring?

- Magazine newspapers Name: _____
 Radio/ Television Station: _____
 Friend/Relative Name: _____
 Other _____

2. What method of hair removal are you currently using: _____

3. Have you ever experienced body sugaring?

If yes, when was your last treatment? _____

4. Do you have any known allergies? _____

If yes, what kind _____

5. Have you ever experienced a severe skin reaction, i.e. hives? _____

If yes, please explain: _____

6. Are you presently taking any medication either orally or topically? _____

If yes, please explain _____

7. Do you use Retin-A, Retinol or Glycolic in any skin treatment or do you receive any professional (dermatology) skin treatment, i.e. rosacea? _____

8. Are you presently taking or using any prescription containing Acutane: _____

9. Do you consider your skin to be sensitive? _____

10. Are you experience any hormonal imbalance? _____ Please explain:

11. Do you suffer from any lung disorders such as Asthma? _____

The above information will provide you sugaring practitioner with information needed to carry out the best possible individual treatment.

PLEASE BE ADVISED

Every client is provided with professional advice from the trained body sugar technician carrying out the treatment. If these instructions are followed closely, clients should experience a safe a pleasurable treatment. Advanced Body Sugaring is not responsible for reactions caused by other product used by the client and for reactions caused as result of the information above not being correct.

Signature: _____

Date: _____



Wawanesa
Insurance

SALON SELECT PACKAGE SERVICE WAIVER

DATE:	_____
CLIENT NAME:	_____
DATE OF BIRTH:	_____
ADDRESS:	_____

THIS AGREEMENT AFFECTS YOUR LEGAL RIGHTS. READ IT CAREFULLY!

I confirm the answers I have given in this form are correct, and I have not withheld any information requested by this form. By my signature below, I give consent to the following services.

body sugaring , _____ , _____ , _____
 _____ , _____ , _____ , _____

I have been informed of the proper use of equipment for the services I am receiving.

I have been advised of all risks associated with the use of equipment required for the services I am receiving.

I have been advised of all risks associated with the services and procedures I will be receiving.

I agree to comply with all instructions provided by the Operator.

I hereby release **Advanced Body Sugaring by Maria,** its affiliates, officers, directors, agents, employees and contractors from liability for any injury, loss or damage that may result from my use of equipment or from any services provided or treatment rendered. This release binds my heirs, successors and assigns.

Signature _____ Date _____

Parent/Legal Guardian _____ Date _____
 (Required for minors)

Operator _____ Date _____