

| wax information form



Welcome to your Jonas Aveda Salon Experience! If this is your first visit to our salon, we ask that you please take the time to breath and relax as you review and fill out this form, as well as the Elemental Nature Form prior to your appointment. This information will be useful to your service provider, and assist them in providing you with a wonderful service. We look forward to meeting you!

I understand that it is my choice to receive a waxing service. I am aware that I am receiving services from a licensed service provider. I understand that I am entitled to a pre-service consultation, where I may discuss my desired look and any concerns that I might have with my service provider at no charge to me. I understand that it is my responsibility to inform my service provider of any allergies or sensitivity issues prior to the service. I understand the following recommendations, and release my service provider from any liability if I choose not to follow them.

I understand that I should not receive a waxing service if:

- My skin is sunburned
- I have received a chemical peel or microdermabrasion within the last seven days
- I have had laser skin resurfacing within the past year
- I have had a physician administered peel within the past (2) years
- I have received a facial within the past (2) hours

I understand that following my waxing service:

- I should wait a minimum of (7) seven days before receiving a light chemical peel or microdermabrasion.
- I should have no sun exposure in the waxed area for (12) hours following my service
- I should have no hot baths for 24 hours
- I should not wear deodorant for 24 hours following a underarm wax

I understand that by proceeding with my service today, and in the future, that I am releasing my service provider to complete the waxing service to the best of his or her ability based on our previous communication.

I understand that any information collected from me by Jonas AVEDA Salon and Spa including my address, email, etc. is for communication between my service provider/the salon and myself and is strictly confidential to be used for no other purpose.

client name (please print)

date

client signature

address

city

state

zip code

email address

please confirm my appointments with these contact numbers

birth date

wedding anniversary