

# 812 Body Bliss Studio LLC.

## Consent Form

### Client Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical / Skin History (circle all that apply):

Allergies: Yes No Sensitive Skin: Yes No Current Medications: Yes No

Skin Disease / Condition: Yes No Pregnancy / Nursing: Yes No

Other: \_\_\_\_\_

Services Requested (circle all that apply):

Facial | Waxing | Manicure | Pedicure

I acknowledge that the services I am requesting may involve certain risks, including but not limited to:

–Skin irritation, redness, swelling, burns, allergic reactions

–Nail damage or infection

–Other unforeseeable adverse reactions

I certify the information I have provided is true and complete to the best of my knowledge. I agree to notify the technician of any changes to my health or skin condition.

I RELEASE, WAIVE, AND FOREVER DISCHARGE 812 Body Bliss Studio LLC, its owners, employees, agents, and contractors from any and all claims, demands, causes of action, liability, costs, or expenses from injury, damage, or loss of any kind, whether known or unknown, arising out of or connected with the performance of services, except in cases of gross negligence or willful misconduct.

I have read this waiver in its entirety, I understand and agree with it, and I sign it voluntarily.

Client Signature: \_\_\_\_\_ Parent/Guardian (if minor): \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_