



*Medical Skincare & Permanent Cosmetics*

### **Tinting & Waxing Release Form**

Name (First & Last): \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

#### **INITIAL BELOW:**

- \_\_\_\_ I am NOT pregnant OR breastfeeding
- \_\_\_\_ I am not currently wearing contacts during treatment.
- \_\_\_\_ I do NOT have ANY allergies that may create complications with my services.
- \_\_\_\_ I do not apply prescriptions or topical on my skin currently.
- \_\_\_\_ I am NOT prone to cold sores or fever blisters.
- \_\_\_\_ I have not used Retin-A or any skin topical in the past 72 hours.

**Known Allergies:** \_\_\_\_\_

Prior to receiving treatment, I have been candid in revealing any condition that may cause complications procedure, including those listed above and any conditions not listed. I understand the treatment that will be performed today, and I will not hold Skincare specialist Jennifer Warden, JenSpa, LLC employees or students liable for any type of reaction that may occur. I have been explained the importance of sun block during and after any treatments. I understand before and after photos may be used in portfolio to the public if any used with treatment. I give my consent to use photos for ANY advertisement without compensation.

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

Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(If under 18 years of age)

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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