



PERMISSION FOR A MINOR TO RECEIVE A WAXING TREATMENT IN THE PUBIC AREA  
(16 YEARS OF AGE OR OLDER)

I, ....., hereby give my permission for  
*(name of parent or guardian)*

.....  
*(name of minor)*

to receive a waxing treatment in the pubic area at *Wax in the City*:

.....

Place and date

Signature