ARIZONA HEATWAVE TANNING SALON 3939 Massillon Rd. Uniontown, OH 44685

Name Address City StateZip	Phone # Birthday //
. (10) Black 5. What is your eye color?	TOTAL SCOREYOUR SKIN TYPE
 (0) Light Blue, Light Green, Light Gray (2) Blue, Green, Gray (4) Dark Gray, Light Brown (8) Brown (10) Dark Brown How many freckles do you have? (0) Many (2) Some (4) Few (8) None 	Score Skin Type Sensitivity to Ultraviolet Radiation0-2IGenetically unable to develop a tan4-7IIAExtremely sensitive to UVR8-14IIBGreat sensitivity to UVR15-21IICVery sensitive to UVR22-31IIIAHigher than normal sensitivity to UVR32-41IIIBNormal sensitivity to UVR42-64IVSkin is tolerant to UVR65-84VSkin is brown. Very tolerant to UVR85+VISkin is black. Extreme UVR tolerance

RELEASE AND INDEMNIFICATION

I have chosen to use the tanning equipment being offered by ARIZONA HEATWAVE (hereinafter referred to as "Salon"), and I do fully and unconditionally agree to the following: 1) I am fully aware of and I freely accept and fully assume all the risks of injury, illness, and aggravation of medical conditions that are inherent in the use of the tanning equipment. I represent to Salon that I have consulted with my family physician or other health authority regarding my intent to use tanning equipment, and that I am physically capable of using such equipment, 2) I hereby discharge, relinquish, waive, and release Salon and/or its officers, directors, agents, servants, volunteers, employees, leaders, other tanning participants, parent company, subsidiaries and affiliates (all of whom are hereinafter collectively referred to as Releases) from any and all loss, damage, expense, injury, accident, delay, and/or liability of any kind or nature whatsoever in connection with my use of the tanning equipment, 3) I further indemnify, save, defend, and hold harmless Salon and/or its Releases from all claims, actions and/or expenses which might arise from any use of the tanning equipment, 4) I hereby sign and deliver this Release and Indemnification to Salon in induce Salon to permit my use of the tanning equipment, and I hereby acknowledge that such use is at my own risk and without any representation of any kind or nature having been made by Salon and/or its Releases, 5) I do not suffer from any of the following: albinism, actinic prurigo, dermatomyositis, eczema, high blood pressure, lichen rubber planus, lung tuberculosis, lupus erythematosus, melasma, photoallergic eczema, polymorphous light eruption, porphyria, acne rosacea, solar urticaria, varix, xeroderma pigmentosum, and/or any other condition which can be aggravated by ultraviolet light exposure, 6) I am not taking any medication that could make my skin extra sensitive to ultraviolet light. I do fully and unconditionally agree to: Always wear eye protection meeting FDA standards while tanning; use moisturizer in each eye prior and immediately following use of tanning equipment if I wear contacts; Never tan indoors and/or outdoors twice in a 24 hour period; Report all skin changes to my family physician or other health authority for evaluation; Notify Salon when I change any medications; Tan my nude body parts only 1/3 the recommended exposure time during initial visits; Read and abide by all signs posted in the tanning room. All information on both sides of this form is correct.

I HAVE READ, UNDERSTAND, AND FULLY AGREE TO COMPLY WITH ALL OF THE ABOVE!

Prior to my initial exposure, I was given the opportunity to read the warning above. It was provided to me by an employee at **ARIZONA HEATWAVE**. I fully understand, fully accept, and fully assume all risks associated with tanning.