

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

Name _____
Address _____
City _____ State _____ Zip _____

Phone # _____
Birthday _____/_____/_____

1. When exposed to ultraviolet radiation (sunlight or tanning bed) do you develop a TAN?

____ YES (2)
____ NO (0) Type 1

2. When exposed to ultraviolet radiation (sunlight or tanning bed) do you always burn?

____ YES (0) Type 1
____ NO (2)

3. What is the natural color of your untanned skin?

____ (0) Reddish – White
____ (2) White – Beige
____ (4) Beige
____ (8) Light Brown
____ (12) Brown
____ (16) Black

4. What is your natural hair color?

____ (0) Red, Light Blonde
____ (2) Blonde, Light Brown
____ (4) Brown
____ (6) Dark Brown
____ (8) Brownish – Black
____ (10) Black

5. What is your eye color?

____ (0) Light Blue, Light Green, Light Gray
____ (2) Blue, Green, Gray
____ (4) Dark Gray, Light Brown
____ (8) Brown
____ (10) Dark Brown

6. How many freckles do you have?

____ (0) Many
____ (2) Some
____ (4) Few
____ (8) None

7. Which best describes your Genetic Heritage?

____ (0) Caucasian, Celtic (English/Irish)
____ (2) Caucasian, Light-skinned European
____ (4) Caucasian, Dark-skinned European
____ (8) Caucasian Mediterranean
____ (12) Middle Eastern, Indian, Asian, Hispanic
____ (16) Aborigine, African, African-American

8. Which best describes your sunburn potential?

____ (0) Always sunburn without tanning
____ (2) Usually sunburn but can tan a little
____ (4) Occasionally sunburn but tan moderately
____ (8) Seldom sunburn tan easily
____ (12) Rarely sunburn and develop a dark tan
____ (16) Never sunburn

9. Which best describes your tanning potential?

____ (0) Never
____ (2) Can develop a light tan
____ (4) Can develop a moderate tan
____ (8) Can develop a dark tan
____ (12) Can develop a very dark tan

TOTAL SCORE _____ YOUR SKIN TYPE _____

Score Skin Type Sensitivity to Ultraviolet Radiation

0-2	I	Genetically unable to develop a tan
4-7	IIA	Extremely sensitive to UVR
8-14	IIB	Great sensitivity to UVR
15-21	IIC	Very sensitive to UVR
22-31	IIIA	Higher than normal sensitivity to UVR
32-41	IIIB	Normal sensitivity to UVR
42-64	IV	Skin is tolerant to UVR
65-84	V	Skin is brown. Very tolerant to UVR
85+	VI	Skin 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.

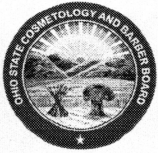
I HAVE READ, UNDERSTAND, AND FULLY AGREE TO COMPLY WITH ALL OF THE ABOVE!

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.

Signature of Tanning Participant

Date

Signature of Technician



OHIO STATE COSMETOLOGY AND BARBER BOARD TANNING CONSENT FORM

Signature on the consent form below is an indication that I have read and understand the risks factors of ultraviolet radiation and overexposure contained on the "Tanning Risks and Important Information" sheet provided. I understand that certain medical conditions and/or medications may cause a photosensitivity of the skin. I further understand that failure to wear protective eyewear may result in severe burns or injury to the eyes. It is also my understanding that a certified tanning operator must perform a skin typing assessment prior to tanning to determine an individualized exposure schedule.

Notice: According to the Centers for Disease Control (CDC), indoor tanning exposes users to UV-A and UV-B radiation and has been linked with skin cancers including melanoma (the deadliest type of skin cancer), squamous cell, and basal cell carcinoma, and cancers of the eye (ocular melanoma). Indoor tanning is particularly dangerous for younger users; people who begin indoor tanning during adolescence or early adulthood have a higher risk of getting melanoma.

The product is contraindicated for use on persons under the age of 18 years; the product must not be used if skin lesions or open wounds are present; the product should not be used on people who have had skin cancer or a family history of skin cancer; and people repeatedly exposed to UV radiation should be regularly evaluated for skin cancer. **A contraindication means that the product is not indicated for use on persons under the age of 18 years of age.**

The following must be completed for any person under the age of 18, who intends to use sun lamp tanning services:

I _____ being the parent or legal guardian of _____
(Print Name) (Print Name of Minor)
grant permission for the above named minor to receive tanning services at _____
(Print Name of Tanning Facility)

Tanning Package Limitations - Requirements for individuals less than 16 years of age:

A consent must be signed by parent or legal guardian of the individual prior to **EACH** session. By signing this form, the Parent or legal guardian is **certifying they are** present at the tanning facility for the duration of any consented session.

Tanning Package Limitations - Requirements for individuals at least 16, but less than 18 years of age:

A consent must be signed by parent or legal guardian of the individual every ninety(90) days from the signature date below. The minor tanner shall not use the tanning facility for more than forty-five (45) sessions during the ninety-day (90) consent period. No session may be longer than the maximum safe time of exposure specified. Skin typing shall be performed and maintained on each individual prior to using the tanning facility.

Tanning Minor Date of Birth: _____ Identification: Type of ID: _____ (DL – driver's license, SI—state ID) ID Number: _____ Expiration Date: _____

Proof of Legal Guardianship Provided (If Applicable): Type: _____ County: _____

Signature of Parent or legal guardian: _____ Date: _____

Signature of Tanning Facility Operator: _____ Date: _____

The following must be completed for any person 18 years of age or older, who intends to use sun lamp tanning services:

This statement must be completed and signed to indicate an understanding of the risks associated with the use of indoor sunlamp products.

☐ Age of individual (18+) was confirmed.

I _____ have read and acknowledge the risk factors associated with the use of sunlamp product.
(Print Name)

Signature : _____ Date: _____

The following must be completed by all parents/legal guardians or individuals 18 years of age or older:

No recent prior exposure to a sunlamp product in the last 24 hours. _____

I _____ have read and acknowledge the risk factors associated with the use of sunlamp products.
(Print Name)

Signature _____

Date