

ARIZONA HEATWAVE TANNING SALON

3939 MASSILLON RD. UNIONTOWN, OH 44685

Name _____
 Address _____
 City _____ State _____ Zip _____

Date _____
 Phone # _____
 Birthday _____ / _____ / _____

SKIN TYPE EVALUATION RECORD

QUESTION	0	1	2	3	4	SCORE
GENETIC PREDISPOSITION						
What is the color of your eyes?	Light Blue, Grey or Green	Blue, Grey or Green	Brown	Dark Brown	Brownish Black	
What is the natural color of your hair?	Sandy/Red	Blonde	Chestnut/Brown	Dark Brown	Black	
In your unexposed areas, What is the color of your skin?	Reddish	Very Pale	Pale with Beige Tint	Light Brown	Dark Brown	
What amount of freckles do you have on your unexposed areas?	Many	Several	Few	Incidental	None	
REACTION TO SUN EXPOSURE						
What happens when you stay in the sun too long?	Painful Redness, Blisters, Peeling	Blisters followed by Peeling	Burn followed by Peeling	Rarely Burns	Never Burns	
To what degree do you turn brown?	Hardly or Not At All	Light Color Tan	Reasonable Tan	Tan Very Easily	Turn Dark Brown Quickly	
How does your face react to the sun?	Very Sensitive	Sensitive	Normal	Very Resistant	Never Had a Problem	
How often do you brown within several hours after sun exposure?	Never	Seldom	Sometimes	Often	Always	
TANNING HABITS						
When did you last expose your body to the sun?	More than 3 Months Ago	2-3 Months Ago	1-2 Months Ago	Less than a Month Ago	Less than 2 Weeks Ago	
When tanning how often do you expose your entire body?	Never	Hardly Ever	Sometimes	Often	Always	

SKIN TYPE SCORE	0 - 7	8 - 16	17 - 25	25 - 30	Over 30
SKIN TYPE NUMBER	1 (You may not tan)	2	3	4	5-6

SKIN TYPE SCORE: _____

SKIN TYPE NUMBER: _____

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 Client

 Signature of Certified Operator