

Please Read The Following Information And Acknowledge That You Understand And Accept All Provisions By Signing Below.

**If You Do Not Develop A Tan Outdoors, You Are Unlikely To Tan From The Use Of A Tanning Device.**

**Avoid Overexposure.** As With Natural sunlight, overexposure can cause eye and skin injury and allergic reactions. **Repeated Overexposures** may cause photo aging of the skin, dryness , wrinkling, and in some instances skin cancer. We recommend that you do not tan outdoors on days you are tanning indoors. That you do not tan if you currently have a sunburn and you tan only once in a 24 hour period.

**Certain Medications, lotions, and other products** may cause you skin to become more sensitive to UV rays. Check the posted drug products known to increase the photosensitivity of the skin. Check with your physician or Pharmacist if you are unsure about any medications you are taking or if you have had a problem with indoor or outdoor tanning in the past.

**Wear Protective Eyewear** Failure to wear protective eyewear may result in severe burns or long term injuries to the eyes.

**I have read the contents of this form and carefully and state that i am not aware of any medical conditions or other reasons that would prohibit me from tanning. I understand that i will not be allowed to exceed the maximum allowable time posted on the tanning device. I have been give adequate instructions for the proper use of the tanning equipment and understand the risks involved. I hereby agree to the release the owners, operators, and manufacturers from any damages that i might incur due to the use of this facility.**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

DOB: \_\_\_\_\_ PHONE #: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_

\*For Illiterate or visually handicapped persons, this release form has been read to the user in my presence

Witness Printed: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\* I HEREBY GIVE MY PERMISSION** (Circle one) AS PARENT AS GUARDIAN

Of \_\_\_\_\_ who is \_\_\_\_\_ years of age, to tan at this tanning facility. I have read and fully understand this consent form and herby agree to accept all of the provisions.

Name of parent/Guardian (Please print) \_\_\_\_\_

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