

## CLIENT WAIVER/RELEASE

### **Danger – Ultraviolet Radiation**

Follow instructions. Avoid overexposure. As with natural sunlight, overexposure can cause burns, eye injury, and allergic reactions. Repeated exposure may cause premature aging of the skin and skin cancer. Wear protective eyewear.

Failure to use protective eyewear, provided by this tanning facility, may result in severe burns or long-term injury to the eyes. Medications or cosmetics may increase your sensitivity to ultraviolet radiation. Consult a physician before using sunlamp or tanning equipment if you are using medications or have a history of skin problems or believe yourself to be especially sensitive to sunlight. Abnormal skin sensitivity or burns may be caused by reaction of ultraviolet light to certain: 1) foods, 2) cosmetics, 3) medications, including tranquilizers, diuretics, antibiotics, high blood pressure medicines, and oral contraceptives. A person should not sunbathe before or after exposure to ultraviolet radiation from sunlamps.

If you do not tan in the sun, you are unlikely to tan from use of this product.

### **Age & ID Confirmation (Required by Minnesota Law)**

Minnesota law prohibits the use of tanning equipment by anyone under 18 years of age – no exceptions.

• I certify that I am at least 18 years old and understand that use of tanning equipment by anyone under 18 is prohibited by law and that I will scan a valid photo ID prior to this tanning session.

### **Acknowledgment**

Prior to my initial exposure, I was given the opportunity to read the warning above. It was provided to me at AFTER GLOW TANNING LLC. I fully understand, fully accept, and fully assume all risks associated with tanning.

By booking my appointment at AFTER GLOW TANNING LLC DBA AFTER GLOW and AFTER GLOW TANNING & BEAUTY BAR, I acknowledge that I have read and understand the warning statements listed above relating to tanning.

### **Release and Indemnification**

I have chosen to use the tanning equipment being offered by AFTER GLOW TANNING LLC and I do fully and unconditionally agree to the following:

- 1) I am fully aware of, freely accept, and fully assume all the risks of injury, illness, and aggravation of medical conditions that are inherent in the use of tanning equipment. I represent to AFTER GLOW that I have consulted with my 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 AFTER GLOW and/or its officers, directors, agents, servants, volunteers, employees, leaders, other tanning participants, parent company, subsidiaries, and affiliates (hereinafter collectively referred to as "Releasees") 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 AFTER GLOW and/or its Releasees from all claims, actions, and/or expenses which might arise from use of the tanning equipment.
- 4) I hereby sign and deliver this Release and Indemnification to AFTER GLOW to permit my use of the tanning equipment, and acknowledge that such use is at my own risk and without any representation of any kind having been made by AFTER GLOW or its Releasees.
- 5) I do not suffer from any of the following: albinism, actinic prurigo, dermatomyositis, eczema, polymorphous light eruption, high blood pressure, lichen ruber planus, lung tuberculosis, lupus erythematosus, melanoma, photoallergic eczema, porphyria, acne rosacea, solar urticaria, varix, xeroderma pigmentosum, or any other condition which may be aggravated by UV exposure.
- 6) I am not taking any medication that could make my skin extra sensitive to ultraviolet light.

### **Tanning Safety Agreements**

I fully and unconditionally agree to:

- Always wear eye protection meeting FDA standards while tanning.
- Use moisturizing eye drops prior to and after tanning if I wear contacts.
- Never tan indoors and/or outdoors more than once in a 24-hour period.
- Report all skin changes to my physician or other health authority.
- I agree to consult my physician about tanning safety if I start new medications and accept full responsibility for any risks.
- Tan my skin no more than ½ the maximum exposure time during initial visits.
- Read and abide by all text messages and signs posted in the tanning room.
- I acknowledge that I have selected my exposure time based on my skin type and manufacturer guidelines.

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