

# SOLARA BOUTIQUE & TANNING, LLC

## Client Information

Name \_\_\_\_\_ Skin Type \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Birthdate \_\_\_\_\_

Email \_\_\_\_\_

You have agreed to participate in a series of light exposures to achieve tanning of your skin. To help us best classify your skin, please answer the following questions.

1. A. Have you always burned and never tanned? Y\_\_\_\_ N\_\_\_\_  
B. Have you most of the time burned and occasionally tanned? Y\_\_\_\_ N\_\_\_\_  
C. Have you achieved a tan most of the time? Y\_\_\_\_ N\_\_\_\_  
D. Have you always tanned and never burned? Y\_\_\_\_ N\_\_\_\_
2. If you have tanned in the past, do you tan easily? Y\_\_\_\_ N\_\_\_\_
3. Are you under medical care for your skin? Y\_\_\_\_ N\_\_\_\_
4. Are you allergic to the sun in anyway? Y\_\_\_\_ N\_\_\_\_
5. Do you have dry skin? Y\_\_\_\_ N\_\_\_\_
6. Are you presently under a doctor's prescription for drugs or medication of any sort that could cause sensitivity to your skin? Y\_\_\_\_ N\_\_\_\_
7. If female, are you pregnant? Y\_\_\_\_ N\_\_\_\_
8. Do you wear contacts? Y\_\_\_\_ N\_\_\_\_

How did you hear about us? \_\_\_\_\_

PLEASE NOTE: Recent Legislation mandates your response to specific questions. It is your right and responsibility to answer all questions appropriately.

I acknowledge that I have read and understand the instructions for use and the manufacturer's instructions for use that were provided to me by Solara Boutique & Tanning, LLC. I further acknowledge that I understand the above questions and have answered each question accurately and truthfully. In consideration of the services provided by Solara Boutique & Tanning, LLC. including, but not limited to, the use of tanning equipment, for myself, my heirs, executors, administrators, and assigns, I hereby release and forever discharge Solara Boutique & Tanning, LLC., it's officers, directors, agents, employees, representatives, and successors thereof, from any and all actions, courses of action, claims and demands whatsoever, whether founded in fact or in law, arising from or by reason of any injury suffered by me as a result of the performance of services by Solara Boutique & Tanning, LLC., including use of tanning equipment and also including injuries from any act or failure to act on the part of Solara Boutique & Tanning, LLC., it's directors, agents, employees, or representatives. I hereby assume full responsibility for any all injuries, including the use of tanning equipment. I expressly agree that this release is intended to be as broad and inclusive as permitted by the laws of this state and that if any portion of this release is invalid, it is agreed that the balance shall, notwithstanding, continue in full legal effect. I understand that Solara Boutique & Tanning, LLC. is relying on this release in agreeing to perform services, and I agree that this release shall be legally binding and that the terms of this release are contractual and not a mere recital.

I have read this release and understand the contents. I have also read and understand the warning statement and acknowledge that I received a copy of the warning statement. I sign this release of my own free act.

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

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## Initial Visit Statement

### Danger - Ultraviolet Radiation - Follow Instructions

Avoid too frequent or lengthy exposure. As with natural sunlight, exposure to a sunlamp may cause eye and skin injury, sunburn, and/or allergic reaction. Repeated overexposure may cause chronic damage characterized by wrinkling, dryness, and/or premature aging of the skin and skin cancer.

#### WEAR PROTECTIVE EYEWEAR

Failure to use protective eyewear may result in severe burns or long-term injury to the eyes.

Ultraviolet radiation from sunlamps enhances the effects of the sun. Do not sunbathe before or after exposure to ultraviolet radiation.

Abnormal or increased skin sensitivity or burning may be caused by certain foods, medications (including, but not limited to tranquilizers, diuretics, antibiotics, high blood pressure medication, birth control pills, and skin creams), cosmetics or toiletries. Consult a physician or pharmacist before using a sunlamp if you are using prescription or nonprescription medications, have a history of skin problems, or believe yourself especially sensitive to sunlight. Pregnant women and women on birth control pills who using tanning devices may develop discolored skin.

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

Use of a tanning device may not provide a protective base in regards to sun exposure.

By my signature below, I acknowledge that I have read and understand the statements listed above relating to tanning.

Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Tanning Bed/Booth User

As parent/guardian, I hereby grant permission for him/her to utilize the tanning device at the above named establishment.

\_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian

Witness \_\_\_\_\_  
(Required for illiterate or visually impaired persons)

Operator \_\_\_\_\_