

# HEATWAVES TANNING KUTZTOWN

A division of Heatwaves NG LLC  
218 W Main Street, Kutztown, Pa. 19530  
P: 610-683-6669 | TF: 866-528-7185  
[operations@heatwavesngllc.com](mailto:operations@heatwavesngllc.com)

## AIRBRUSH SPRAY TANNING Consent /Release of Liability Form

Customer Contact: Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ M/F \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Home

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name/Ph # \_\_\_\_\_ / \_\_\_\_\_

Relationship: Friend / Spouse / Family \_\_\_\_\_

### Customer Information Profile:

Have you ever used sunless tanning products containing DHA in Past? YES NO

If YES, did you experience any negative side effects or problems? YES NO

Do you have any known allergies? YES NO

If YES, please list: \_\_\_\_\_

Are you allergic to latex? YES NO

Are you presently pregnant? YES NO

If YES, do you have a doctor's permission to tan? YES NO

Are you under a doctor's care presently? YES NO

If YES, please list the medical condition. \_\_\_\_\_

Have you ever been diagnosed with skin cancer? YES NO

I typically tan very easily? YES NO

I currently have skin irritations, infections, disease or problematic areas YES NO

If YES, please list: \_\_\_\_\_

Tanning Solution: Active Ingredient DHA is listed in the Food, Drug and Cosmetic Act (FD&C Act) as a color additive for use in imparting color to the human body. DHA has been approved by the FDA. However, its use in cosmetics - including sunless "tanning" products - is restricted to external application. According to the CFR, "externally applied" cosmetics are those "applied only to external parts of the body and not to the lips or any body surface covered by mucous membrane" (21 CFR 70.3v). DHA reacts with the skin's amino acids resulting in a "tan" similar looking to that of the sun. The darker you can tan naturally the darker you should

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tan with a spray tan. Overexposure to DHA does not cause skin damage but can result in possible orange distortion of the skin. Like most cosmetics, avoid exposure to the eyes, lips, and other parts of the body covered with a mucous membrane this should be accomplished using a barrier cream or similar form of skin barrier. Additional Tanning Disclosures Spray tan solutions nor DHA protect you from UV rays from the sun and should not be thought of or treated as sunscreen or similar sun protector. I have been verbally instructed on the pre-tanning/preparation procedures as well as the post-tanning procedures by the airbrush technician at this business.

I understand and agree that this release of liability is perpetual and ongoing and it is my responsibility to notify this business if any information in my 'Customer Profile Information' listed above changes. Copyright, 2017, I have read the contents of this consent form carefully and state that I am not aware of any medical condition, allergies, or any other reason that would prohibit me from sunless tanning.

I have been given adequate instructions for the proper use of the sunless application, understand the risks involved, and use it at my own risk.

I hereby agree to release the owners, operators and manufacturers from any damages that I might incur due to the use of this service, product and or facility (if applicable). {Must be 18 years or older}

Printed Name: \_\_\_\_\_

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

{Parent or Guardian} I HEREBY GIVE MY PERMISSION as parent ( ) or guardian ( ) of \_\_\_\_\_ who is \_\_\_\_ years of age (permission required if under 18), for this sunless tan application. I have read and fully understand this Client Release and Informed Consent Form and hereby agree to accept all of the provisions.

Printed Name: \_\_\_\_\_

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

For Technician use only: Skin type: 1 2 3 4 5 Skin Condition:

Dry \_\_\_\_\_ / Normal \_\_\_\_\_ / Oily \_\_\_\_\_ / Sensitive \_\_\_\_\_ Any noticeable skin areas of concern:

\_\_\_\_\_

\_\_\_\_\_ Tan Technician

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

{For illiterate or visually handicapped persons, this release form has been read to the user in my presence.}

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