# Minor Consent Form

Signature on the consent form below is an indication that I have read and understand the risks factors of ultraviolet radiation and overexposure contained on the "Tanning Risks and Important Information" sheet provided. I understand that certain medical conditions and/or medications may cause a photosensitivity of the skin. I further understand that failure to wear protective eyewear may result in sever burns or injury to the eyes. It is also my understanding that a certified tanning operator must perform a skin typing assessment prior to tanning to determine an individualized exposure schedule.

**Notice:** According to the Centers for Disease Control (CDC), indoor tanning exposes users to UV-A and UV-B radiation and has been linked with skin cancers including melanoma (the deadliest type of skin cancer), squamous cell, and basal cell carcinoma, and cancers of the eye (ocular melanoma). Indoor tanning is particularly dangerous for younger users; people who begin indoor tanning during adolescence or early adulthood have a higher risk of getting melanoma.

The product is contraindicated for use on persons under the age of 18 years; the product must not be used if skin lesions or open wounds are present; the product should not be used on people who have had skin cancer or a family history of skin cancer; and people repeatedly exposed to UV radiation should be regularly evaluated for skin cancer. **A contraindication means that the product is not indicated for use on persons under the age of 18 years of age.**

The following must be completed for any person under the age of 18, who intends to use sun lamp tanning services:

I _____ being the parent or legal guardian of _____
(Print Name) (Print Name of Minor)
grant permission for the above named minor to receive tanning services at _____ .
(Print Name of Tanning Facility)

Tanning Minor Date of Birth:_____ Identification: Type of ID: _____ (DL – driver's license, SI—state ID) ID Number: _____ Expiration Date: _____

Signature of Parent or legal guardian:_____ Date:_____

Signature of Tanning Facility Operator:_____ Date:_____

The following must be completed for any person older than the age of 18, who intends to use sun lamp tanning services:
This statement must be completed and signed to indicate an understanding of the risks associated with the use of indoor sunlamp products.

☐ Age of individual over 18 years of age was confirmed.

I _____ have read and acknowledge the risk factors associated with the use of sunlamp product. (Print Name)

Signature :_____ Date:_____

The following must be completed by all parents/legal guardians or consenting adults:

No recent prior exposure to a sunlamp product in the last 24 hours. _____
Initial

I _____ have read and acknowledge the risk factors associated with the use of sunlamp products.
(Print Name)

_____ _____
Signature Date



***Parent/Legal Guardian *MUST* be Present for Initial Session!***