

SOLAR ECLIPSE TANNING SALON

RELEASE FORM

Name:	Home Phone:
Address:	Work Phone:
City, State, Zip:	Email Address:
Date of Birth:	Skin Type: Light Med Dark
Have You Ever Tanned Indoors Before? Yes No Where?	
How Did You Hear About Solar Eclipse?	

How long has it been since you've had a tan? _____ Do you tan easily? Yes No Do you have a tendency to burn? Yes No Do you have any known allergies to sunlight? Yes No Do you wear contacts? Yes No	Have you ever had a severe sunburn? Yes No If so, how long ago? _____ Have you ever been advised by a Doctor to stay out of the sun? If so, why? _____
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PLEASE CIRCLE YOUR SKIN TYPE ON THE FOLLOWING CHART:

Always Burn, Never Tan	Usually Burn, Sometimes Tan	Sometimes Burn, Always Tan	Never Burn, Always Tan
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IT IS OUR INTENTION TO KEEP YOU WELL INFORMED ABOUT TANNING. THIS INCLUDES INFORMING YOU ON HOW TO OPERATE THE EQUIPMENT AS WELL AS HOW TO TAN RESPONSIBLY. THE PROPER PROCEDURE TO FOLLOW IN THE TANNING ROOM WILL BE CLEARLY EXPLAINED TO YOU BY THE TANNING TECHNICIAN. PLEASE FEEL FREE TO ASK ANY QUESTIONS OR TO VOICE ANY CONCERNS THAT YOU MAY HAVE AT THIS TIME. OUR GOAL IS TO HELP YOU ACHIEVE THE BEST POSSIBLE TAN, RESPONSIBLY.

PLEASE ADHERE TO THE FOLLOWING GUIDELINES WHEN TANNING:

1. AVOID OVEREXPOSURE. AS WITH NATURAL SUNLIGHT, OVEREXPOSURE CAN CAUSE EYE AND SKIN INJURY AND ALLERGIC REACTIONS. REPEATED OVER EXPOSURE HAS BEEN KNOWN TO CAUSE PREMATURE AGING AND SKIN CANCER.
2. PLEASE INFORM US IF YOU ARE TAKING ANY SUN SENSITIVE MEDICATIONS. SOME MEDICATIONS OR COSMETICS MAY INCREASE YOUR SENSITIVITY TO UV RAYS. PLEASE CONSULT A PHYSICIAN BEFORE TANNING IF YOU ARE TAKING ANY SUCH MEDICATIONS OR HAVE A HISTORY OF SKIN PROBLEMS OR BELIEVE YOURSELF TO BE ESPECIALLY SENSATIVE TO SUNLIGHT.
3. WEAR PROTECTIVE EYEWEAR. FAILURE TO WEAR GOGGLES MAY RESULT IN SEVERE BURNS OR INJURY TO THE EYES.
4. I UNDERSTAND THAT IT IS RECOMMENDED THAT I USE AN INDOOR TANNING LOTION FOR MORE POSITIVE RESULTS.
5. MINOR CONSENT. I VERIFY WITH MY SIGNATURE THAT I AM 18 YEARS OF AGE OR OLDER AS REQUIRED BY LAW. IF 17 OR UNDER, A PARENTAL OR GUARDIAN SIGNATURE MUST ACCOMPANY THIS FORM. ANY INDIVIDUAL UNDER THE AGE OF 14 MUST HAVE A PARENT OR GUARDIAN PRESENT WHILE TANNING.
6. I UNDERSTAND AND HAVE BEEN MADE AWARE UNDER STATE LAW, I AM ONLY PERMITTED TO TAN ONCE IN A 24 HR PERIOD.
7. IF YOU ARE PREGNANT OR IF THERE IS A CHANCE THAT YOU MIGHT BE PREGNANT THEN YOU SHOULD NOT TAN. TANNING WHILE PREGNANT MAY BE HAZARDOUS TO YOUR HEALTH. IF YOU ARE TANNING FOR MEDICAL REASONS, THEN YOU MUST CONSULT A PHYSICIAN BEFORE TANNING.

I HAVE BEEN GIVEN INSTRUCTIONS FOR THE PROPER USE OF THE EQUIPMENT AND I WILL USE IT AT MY OWN RISK. I HEREBY RELEASE THE OWNERS, OPERATORS, AND MANUFACTURERS FROM ANY DAMAGES THAT I MIGHT INCUR DUE TO THE USE OF THESE TANNING UNITS AND FACILITIES.

MEMBER SIGNATURE

PARENTAL CONSENT

DATE

DO NOT WRITE BELOW THIS LINE. TO BE FILLED OUT BY THE TANNING TECHNICIAN

TAN BED	TIME	PACKAGE	AMOUNT PAID	STAFF INITIALS