

EXTREME TANNING

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Birth Date _____

Email Address: _____

Please answer the following questions to the best of your knowledge. Your answers will assist our employees in designing the best possible tanning program for your needs.

- 1) Are you taking any drugs, which would cause sensitivity To sunlight? Your doctor would have provided this Information when the drug was prescribed. Please note Medication list in the lobby. Yes No
- 2) Are you in any way allergic to sunlight? Yes No
- 3) Do you tan easily? Yes No
- 4) Do you regularly go into the sun? Yes No
- 5) Do you have a tendency to burn? Yes No
- 6) Do you presently use a lotion or moisturizer? Yes No
- 7) How did you hear about *Extreme Tanning*? _____

Tanning is not allowed if you are pregnant.

For your health and safety, you MUST always use protective eyewear. Use of the tanning equipment without protective eyewear may result in severe burns or permanent injury to the eyes.

I. THE UNDERSIGNED, HEREBY STATES:

- 1) I have truthfully answered the written questions with regard to the use of the tanning equipment.
- 2) I have advised *Extreme Tanning* personnel that I have no health problems or sensitivities, which would prevent me from using the tanning equipment.
- 3) I hereby release *Extreme Tanning* from any and all liabilities resulting from my use of the facility and assume all risks, known and unknown, in connection therewith.

I have read and fully understand the contents of this document. I agree to use protective eyewear provided by *Extreme Tanning*. I have not used a tanning device within the last 24 hours.

Date: _____ Signature: _____

For individuals under the age of 16 years, one parent or legal guardian must sign consenting to the above warning and be present during the use of the tanning equipment. For individuals under the age of 18 years, one parent or legal guardian must also sign consenting to the above warnings and for use of the tanning equipment.

Signature: _____ (Parent or Guardian)