CLIENT RELEASE AND INFORMED CONSENT FORM

PLEASE READ THE FOLLOWING INFORMATION AND ACKNOWLEDGE THAT YOU UNDERSTAND AND ACCEPT ALL PROVISIONS BY SIGNING BELOW.

It is our intention to keep you as well informed about tanning as possible. This means informing you how to operate the tanning equipment. The proper procedure to follow in the tanning room will be clearly explained by a member of our staff. Please feel free to ask any questions.

IF YOU DO NOT DEVELOP A TAN OUTDOORS, YOU ARE UNLIKELY TO TAN-FROM THE USE OF ANY TANNING DEVICE

- 1. **AVOID OVEREXPOSURE**. As with natural sunlight, overexposure can cause eye and skin injury and allergic reactions. Repeated Overexposure may cause photo aging of the skin, dryness, wrinkling and in some instances skin cancer. We recommend that you do not tan outdoors on days you are tanning indoors, that you do not tan if you currently have a sunburn and that you, at most, tan only once in a 24 hour period.
- CERTAIN MEDICATIONS, Lotions and other Products may cause your skin to be
 more sensitive to UV Rays. Check with your physician or pharmacist if you are unsure
 about any medications you are taking or if you have had a problem with indoor or
 outdoor tanning in the past.
- 3. **WEAR PROTECTIVE EYEWEAR**. Failure to wear protective eyewear may result in severe burns or long term injury to injuries to the eyes.

I have read the contents of this consent form carefully and state that I am not aware of any <u>medical condition or other reason</u> that would prohibit me from tanning. I understand that I will not be allowed to exceed the maximum allowable time posted on the tanning device. I have been given adequate instructions for the proper use of the tanning equipment, 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 facility.

Signature:	Date:
**********	**********************
	MISSION as parent () guardian () of
	who is years of age, to tan at this facility. I have read
•	ent Release and Informed Consent Form and hereby agree to
accept all of the provisions.	
Signature:	Date:
Print Name of Parent/Guardi	