

CONSENT AND RELEASE

As indicated by my initials and signature below, I have read, understood, and been provided with all of the needed information to make a safe decision with regard to tanning.

1. EYEWEAR

Failure to use protective eyewear may result in severe burns or long-term injury to the eyes.

I understand that I must wear eye protection every time that I tan. _____(Initials)

2. OVER-EXPOSURE

As with natural sunlight that we are exposed to on a daily basis, over-exposure can cause skin and eye injuries as well as allergic reactions. Continuous and repeated overexposures and sunburns may cause premature aging and skin cancer.

I understand the risks of over-exposure with any form of tanning. _____ (Initials)

3. ALLERGIES

As with any foreign substance, any lotion or solution may cause an allergic reaction. If you have had similar reactions in the past, you may wish to examine the ingredient lists of any product before initial application.

I understand the allergic reaction section. _____ (Initials)

4. MEDICATIONS

If you are currently taking prescription or non-prescription medications, you may wish to consult with your physician before tanning.

We have a list of potential medications that may cause an adverse reaction, this list is not all-inclusive.

I have read the list and I understand the risks of photosensitivity. _____(Initials)

If I have any questions with regard to tanning at *Bronze – The Tanning Studio*, I will ask the tanning consultant or consult with my personal physician. I understand that I may not tan more than once per day.

Printed Name

Signature

Date

Name of Parent/Guardian
if minor under the age of 18 years

Signature

Date