

## Release Form For Australian Sun Tanning Salon

Last Name:			
First Name:			
Address:			
City:		State:	
Zip Code:		Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Phone: (    ) -		Work: (    ) -	
Date of Birth:    ____/____/____	Are you 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Email Address:			
How Heard Of:	<input type="radio"/> Yellow Pages <input type="radio"/> Drive-By <input type="radio"/> Friend <input type="radio"/> Newspaper <input type="radio"/> Radio <input type="radio"/> Other		
If Other, please specify:			

Certain medications may increase your sensitivity to UV rays. Please list any medications you are currently using below:			

### CONSENT

I AGREE TO:

Not wear contact lenses while tanning; Never tan indoors twice in a 24 hour period.

Always wear eye protection while tanning indoors satisfying 21 CFR 1040.20: Performance Standards for sunlamp products.

Report any unusual skin changes and any medication changes that may occur immediately to the salon staff. I will follow the instructions of the salon staff and not deviate to any extent.

I have been given a copy of and have read the warning statement where required by state law.

“In consideration of my use of your tanning equipment and facilities, I agree to forever release and discharge you, your officers, employees, agents, representatives, and directors from any and all claims or potential claims, suits or potential suits, liability, damages, or injury to my person or property resulting from such use, whether known or unknown.”

I fully understand the above and hereby pledge to comply as indicated by my signature.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

For Staff Use Only			
Client Number	#	Skin Type:	<input type="radio"/> I <input type="radio"/> II <input type="radio"/> III <input type="radio"/> IV