

Exclusive Tans Tanning Release Form

Customer Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Business Phone: _____ Birthday: Mo _____ Day _____ Yr _____

Read the following precautions and sign before tanning.

1. I understand and agree that:
 - a. A person who uses a tanning device in this tanning facility must use eye protection.
 - b. If the provided eye protection is not worn, use of a tanning device in this facility may cause damage to the eyes.
 - c. Overexposure to the ultraviolet radiation produced by a tanning device in this facility may cause burns. Painful blistering sunburn prior to the age eighteen can significantly increase the risk of skin cancer/melanoma.
 - d. Repeated exposure to the ultraviolet radiation produced by the tanning devices in this tanning facility may cause premature aging of the skin, skin thickening and skin cancer.
 - e. Abnormal skin sensitivity to ultraviolet radiation or burning may be caused by certain foods, cosmetics, or medication, including but not limited to the following;
 - Tranquilizers, Diuretics, Antibiotics, High blood pressure medication, Birth control medication, other photosensitizing agents
 - f. An individual who is taking a prescription drug or over-the-counter drug should consult a physician before using a tanning device.
 - g. A person who is less than 18 years of age must have a parent's signature on this waiver before using a tanning device in this facility. The statement must be signed in the presence of the salon operator.
 - h. Tanning may be inadvisable during pregnancy and for persons with photosensitizing disease, melanoma, or other skin cancers. Tanning may cause possible activation of some viral conditions (cold sores) etc.
2. I agree that I will comply with all instructions on the use of the UV system and that I am using these services at my own risk.
3. I agree to hold harmless all Exclusive Tans and affiliates, its employees and agents for any injury to person or property in a way by the use of its premises and services. In addition, they are not liable for the loss or theft of any personal property. Each person is responsible for safeguarding his or her own property.
4. I understand that all sessions of the contract must be used within the terms of the contract dates and that refunds are never given on unused portions of tanning packages for any reason.
5. This release complies with tanning regulations of the Sate of Colorado. Other states may require different information.
6. I understand that it is against the law in Colorado to tan in more than one indoor tanning salon in one day.

Having been advised and fully informed by Exclusive Tans concerning the nature of the sun tanning process proposed to be administered including the effects of such process and the possible risks and consequences of exposure to the indoor sun tanning equipment used in such process, I hereby authorize and direct them to administer such indoor tanning process and perform such indoor tanning procedures as may be deemed necessary or advisable. I hereby confirm that no warranty or guarantee, or other assurance has been made to me concerning the results of the indoor sun tanning process, and I hereby relieve them and hold them harmless from the liability for injury or damage that may occur to me. I fully understand the administration of the indoor sun tanning process, including possible adverse skin reaction, side effects, or other possible complications. It is understood that this CONSENT is being giving in advance of any administration of the process, and is being given by me voluntarily to induce them to exercise their best judgment as to the matter and requirement of administering the sun tanning process, and procedures to me.

My signature below constitutes my acknowledgment that (1) I have read, understand and fully agree to the foregoing CONSENT, (2) the proposed indoor sun tanning process has been satisfactorily explained to me and I have all of the information I desire and (3) I hereby give my authorization and consent. (4) I will not hold the owners of Exclusive Tans nor their employees responsible for the loss of any personal item left in the salon. This CONCENT shall stand as long as I am with any Exclusive Tans location now and in the future.

I have read the instructions for proper use of the tanning facilities and do so at my own risk and hereby release the owners, operators, franchiser, or manufacturers, from any damage or harm that I might incur due to the use of the facilities.

I (Print Name) have read the above _____

Signature _____ Date _____

If under (18) eighteen years of age Guardian's signature is required: _____

1) How did you hear about us? _____

2) Have you tanned indoors before? _____

3) Can you tan outdoors? _____ (If no we do not recommend that you tan indoors)

4) How many days per week will you tan? _____

5) Are you tanning for a special occasion? _____ If yes, what occasion? _____

6) How long would you like to keep your tan??

_____ All Year Long _____ 6 Months of the year _____ 3 months of the year _____ Special Occasion

First Visit Information:

Bed Number _____ Duration: _____

Lotion Suggested _____

Package Purchased _____