



RELEASE FORM

IT IS OUR INTENTION TO KEEP YOU AS WELL INFORMED ABOUT TANNING AS POSSIBLE. THIS MEANS INFORMING YOU ON HOW TO OPERATE THE EQUIPMENT, AND THE POSSIBLE NEGATIVE EFFECTS OF TANNING AS WELL AS THE OBVIOUS POSITIVE EFFECTS. THE PROPER PROCEDURE TO FOLLOW IN THE TANNING ROOM WILL BE CLEARLY EXPLAINED BY THE ATTENDANT. PLEASE FEEL FREE TO ASK ANY QUESTIONS OR TO VOICE ANY CONCERNS THAT YOU MIGHT HAVE AT THIS TIME.

PLEASE FOLLOW OUR DIRECTIONS

1. AVOID OVEREXPOSURE. AS WITH NATURAL SUNLIGHT, OVEREXPOSURE CAN CAUSE EYE AND SKIN INJURY AND ALLERGIC REACTIONS. REPEATED OVEREXPOSURE CAN CAUSE PREMATURE AGING AND SKIN CANCER.
2. PLEASE INFORM US IF YOU ARE TAKING ANY SUN SENSITIVE DRUGS. MEDICATIONS OR COSMETICS MAY INCREASE YOUR SENSITIVITY TO THE UV RAYS. CONSULT A PHYSICIAN BEFORE TANNING IF YOU ARE TAKING SUCH DRUGS OR HAVE A HISTORY OF SKIN PROBLEMS OR BELIEVE YOURSELF ESPECIALLY SENSITIVE TO SUNLIGHT.
3. WEAR PROTECTIVE EYEWEAR. FAILURE TO WEAR GOGGLES MAY RESULT IN SEVERE BURNS OR INJURY TO THE EYES.
4. MINOR CONSENT. I VERIFY WITH MY SIGNATURE, THAT I AM 18 YEARS OF AGE OR OLDER AS REQUIRED BY LAW. (PARENTAL CONSENT FOR MINORS REQUIRED BELOW)
5. I UNDERSTAND AND HAVE BEEN MADE AWARE, THAT UNDER THIS ("enter your state") LAW, I AM ONLY PERMITTED TO TAN IN A ("enter waiting period") HOUR PERIOD.



WE THANK YOU FOR YOUR COOPERATION AND HOPE WE CAN WORK TOGETHER TO PROVIDE YOU WITH THE HEALTHIEST TAN POSSIBLE. I HAVE BEEN GIVEN INSTRUCTIONS FOR THE PROPER USE OF THE EQUIPMENT AND I WILL USE IT AT MY OWN RISK. I HEREBY RELEASE THE OWNERS, OPERATORS, AND MANUFACTURERS FROM ANY DAMAGES THAT I MIGHT INCUR DUE TO THE USE OF THESE FACILITIES.

(MINOR CONSENT)

SIGNATURE

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