



Where the Sun Always Shines

# UV CONSENT FORM

<b>Date</b>	_____ / _____ / _____			
<b>Name</b>			<b>DOB:</b>	
<b>Address</b>				
<b>City</b>		<b>State &amp; Zip Code</b>		
<b>1.</b>	Have you taken any prescribed or over-the-counter medications recently? <i>If yes, call a pharmacist, prescribing doctor, or poison control office to see if the medication is photosensitizing</i>	Yes	No	
<b>2.</b>	Are you under a doctor's care presently? <i>If yes, please list medical condition(s) and medication(s):</i>	Yes	No	
<b>3.</b>	Do you freckle or peel when tanning?	Yes	No	
<b>4.</b>	Have you ever developed a rash, blister, an allergic reaction or sun poisoning from tanning?	Yes	No	
<b>5.</b>	Are you pregnant? <i>If yes, please consult with your doctor prior to tanning</i>	Yes	No	
<b>6.</b>	Have you ever been diagnosed with skin cancer?	Yes	No	
<b>7.</b>	Do you have or have you ever had cataracts?	Yes	No	
<b>8.</b>	Do you know how to wear eye protection?	Yes	No	
<b>9.</b>	Have you tanned in the last 30 days?	Yes	No	
<b>10.</b>	If YES to question 9. How many days a week	Indoor	Outdoor	
<b>11.</b>	Do you burn each time you go in the sun, even with applying sunscreen?	Yes	No	
<b>12.</b>	Does your skin tan easily?	Yes	No	

### DANGER- ULTRAVIOLET RADIATION

Follow instructions. Avoid overexposure. As with natural sunlight, overexposure can cause: eye and skin injury and allergic reactions. Repeated exposure may cause premature aging of the skin and skin cancer. Wear protective eye wear. **FAILURE TO USE PROTECTIVE EYE WEAR MAY RESULT IN SEVERE BURNS OR LONG-TERM INJURY TO THE EYES.** Medications or cosmetics may increase your sensitivity to the UV lights. Consult a physician before using sunlamps or tanning equipment if you are using medications or have a history of skin problems or believe yourself to be especially sensitive to sunlight. If you do not tan in the sun, you are unlikely to tan from use of this product.

Prior to my initial exposure, I was given the opportunity to read the warning above. It was provided to me by Suntan USA. I fully understand, fully accept, and fully assume all risks associated with tanning.

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

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## RELEASE AND INDEMNIFICATION

I, \_\_\_\_\_ (your name), have chosen to use the tanning equipment being offered by Suntan USA (hereinafter referred to as Salon), and I do fully and unconditionally agree to the following:

1) I am fully aware of, I freely accept and fully assume all risks of injury, illness, and aggravation of medical conditions that are inherent in the use of the tanning equipment. I represent to Salon that I have consulted with my family physician or other health authority regarding my intent to use tanning equipment, and that I am physically capable of using such equipment.

2) I hereby discharge, relinquish, waive, and release Salon and/or its officers, directors, agents, servants, volunteers, employees, leaders, other tanning participants, parent company, subsidiaries and affiliates (all of whom are hereinafter collectively referred to as Releases) from any and all loss, damage, expense, injury, accident, delay, and/ or liability of any kind of nature whatsoever in connection with my use of tanning equipment.

3) I further indemnify, save, defend, and hold harmless Salon and/ or its Releasers from all claims, actions and/or expenses which might arise from any use of the tanning equipment.

4) I hereby sign and deliver this Release and Indemnification to Salon to induce Salon to permit my use of tanning equipment, and I hereby acknowledge that such use is at my own risk and without any representation of any kind or nature having been made by Salon and/ or its Releasers.

5) I do not suffer from any of the following albinism, actinic prurigo, dermatomyositis, eczema, high blood pressure, lichen ruber planus, lung tuberculosis, lupus erythematosus, melisma, photo allergenic eczema, polymorphous light eruption, porphyria, acne rosacea, solar urticarial, varix, xerodermatic pigmentosum, and/or any other condition which can be aggravated by ultraviolet light exposure.

6) I am not taking any medication that could make my skin extra sensitive to ultraviolet light. I do fully and unconditionally agree to: Always wear eye protection meeting FDA standards while tanning; Use moisturizer in each eye prior to and immediately following use of tanning equipment if I wear contacts; Never tan indoors and/ or outdoors twice in a 24 hour period; Report all skin changes to my family physician or other health authority for evaluation; Notify Salon when I change any medications; Tan my nude body parts only 1/3 the recommended exposure time during initial tanning visits; Read and abide by all signs posted in tanning room.

**ALL INFORMATION ON BOTH SIDES OF THIS FORM IS CORRECT. I HAVE READ, FULLY UNDERSTAND, AND FULLY AGREE TO COMPLY WITH ALL OF THE ABOVE.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

