Tanfastic Tanning Salon & Sprays Client Waiver Form

Name*	Date of Birth*					
Full Address						
Email	Phone					
*Do you have a famil	ly history of skin cancer? (Yes / No) *Do you have a medical history of skin cancer? (Yes / No)					
**Fitzpatrick scale means	the following scale for classifying a skin type, based on the skin's reaction to the first 10 to 45 minutes of sun exposure after the winter season:					
Skin Type (Circle)	Reaction to Sun Exposure					
1	Always burns easily; never tans					
2	Always burns easily; tans minimally					
3	Burns moderately; tans gradually					
4	Burns minimally; always tans well					
5	Rarely burns; tans profusely					
6	Never burns; deeply pigmented					
PLEASE READ THE	FOLLOWING CUSTOMER NOTICE:					
ultraviolet light causes (C) repeated exposure	we protection provided to the customer by the tanning facility may result in permanent damage to the eyes; (B) overexposure to burns; may result in premature aging of the skin and skin cancer; itivity or burning may be caused by reactions of ultraviolet light to certain:					
(i) foods; (ii) cosmetics; or (iii) medications, includ	ing:					
(I) tranquilizers; (II) diuretics; (III) antibiotics; (IV) high blood pressur	e medicines; or (V) birth control pills;					
their physician(s) befor (G) a person with skin	a prescription or over-the-counter drug should consult a physician before using a tanning device; (F) pregnant women should consult e using a tanning device. that always burns easily and never tans should avoid a tanning device; and nily or past medical history of skin cancer should avoid a tanning device.					
For Spray Tanning- The using:	e FDA recommends that you take the following measures to protect against ingestion or inhalation during your sunless session by					
-Protective eyewe	ar					
-Nose filters	-Nose filters					
-Sealing lips wit	th lip balm					
-Protective und						
ALL SALES ARE FINA						
My signature and da	te acknowledges that I have read and understood the above customer notice and the warning signs posted in the entry					
	om(s). In addition, I agree to wear protective eyewear.					
SIGNATURE*:	DATE:					