

CLIENT CARD

NAME _____ SKIN TYPE _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
TELEPHONE (Home) _____ (Work) _____ BIRTHDAY _____

You have agreed to participate in a series of light exposures to achieve tanning of your skin. To help us best classify your skin, please answer the following questions.

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Please select one of the following categories that best fits your skin condition: | | |
| A. Have you always burned and never tanned? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Have you most of the time burned and occasionally tanned? | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Have you achieved a tan most of the time? | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Have you always tanned and never burned? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. If you have tanned in the past, do you tan easy? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you under medical care for your skin? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you allergic to the sun in any way? | <input type="checkbox"/> | <input type="checkbox"/> |
| Please explain: _____ | | |
| 5. Do you have dry skin? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are you presently under a doctor's prescription for drugs or medication of any sort that could cause sensitivity to your skin? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. If female, are you pregnant? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you wear contacts? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. How did you hear about us? _____ | | |

PLEASE LIST MEDICATIONS, COSMETICS, TOILETRIES & TANNING ACCELERATORS & DATE ENTRY: _____

PLEASE NOTE: Recent legislation mandates your response to specific questions at each session. It is your right and responsibility to answer all questions appropriately.

I acknowledge that I have read and understand the instructions for use and the manufacturer's instructions for use that were provided to me by _____. I further acknowledge that I understand the above questions and have answered each question accurately and truthfully. In consideration of the services to be provided by _____ including, but not limited to, the use of tanning equipment, for my result, my heirs, executors, administrators, and assigns, hereby release and forever discharge _____, its officers, directors, agents, employees, representatives, and successors thereof, from any and all actions, courses of action, claims and demands whatsoever, whether founded in fact or in law, arising from or by reason of any injury suffered by me as a result of the performance of services by _____, including use of tanning equipment and also including injuries from any act or failure to act on the part of _____, its directors, agents, employees, or representatives. I hereby assume full responsibility for any and all injuries, including the use of tanning equipment.

I expressly agree that this release is intended to be as broad and inclusive as permitted by the laws of this state and that if any portion of this release is invalid, it is agreed that the balance shall, notwithstanding, continue in full legal effect. I understand that _____ is relying on this release in agreeing to perform services, and I agree that this release shall be legally binding and that the terms of this release are contractual and not a mere recital.

I have read this release and understand the contents, and I sign this release as my own free act; and I have read and understand the warning statement and received a copy of the warning statement.

I already have a tan. _____

Signature _____ Date _____

If Age 14-17, Parent/Guardian Signature _____ Date _____