

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Birth Date: ____/____/____ Home Tel: _____ Cell: _____

Please answer the following questions to the best of your ability.

The following questions are necessary so that we may better serve you.

Each question **MUST** be answered **HONESTLY**.

- | | | |
|--|------------------------------|-----------------------------|
| 1. Do you tan easily? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Do you regularly go into the sun? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Do you have a tendency to burn? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Do you have any known allergies to sunlight? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Have you ever suffered a major sunburn? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Have you ever been advised by a physician to stay out of the sun? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

7. If so, what was the reason? _____

8. Are you taking any medication that would cause sensitivity to sunlight? *(Please review list below)* Yes No

Antimicrobial Agents

Teracyclines, espec. Demeolocycline
Sulfonamides, espec. Sulfanilamide
Griseofulvin
Halogenated salicylanilides

Other Drugs

Thiazides
Psoralens
Sulfonylureas
Phenothiazines,
espec. Chiorpromazine

Others

Oral Contraceptives
Sunscreens, Tar.
Cosmetics
(due to presence of eosin, sporalens, or antimicrobial agents)

If you are now taking any of the above medications which cause sensitivity to sunlight, you must provide a doctor's release in order to tan.

Precautions are necessary for safe tanning. I agree that I will comply with all instructions on the use of the UVA & UVB tanning system, and that I am using these services at my own risk, and protecting my vision by using the goggles provided.

We, and our employees and agents, are not liable for any injury to person or property caused in any way by the use of its services or its premises. Also, they are not liable for the loss or theft of any personal property. Each person is responsible for safeguarding his or her own property.

How did you learn about our tanning service?

- | | | |
|-----------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Friend | <input type="checkbox"/> Sign | <input type="checkbox"/> Local Paper |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Yellow Pages | <input type="checkbox"/> Other _____ |

Signature _____ Date _____

By my signature below, I certify that I am the parent legal guardian of _____, who is willingly accepting the risks involved with tanning.

Signature (Parent/Legal Guardian) _____ Print Name: _____