

CLIENT WAIVER / PARENTAL CONSENT

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

SKIN TYPE _____

PLEASE ANSWER THE FOLLOWING TO THE BEST OF YOUR KNOWLEDGE

1. Do you tan easily? _____
2. Do you burn easily in the sun? _____
3. Have you had any prior skin damage from the sun or use of tanning device? _____ (If the answer was yes, you may not tan without physicians approval.)
4. Are you allergic to the sun in any way? _____ (If yes, you may not tan without physicians approval)
5. Have you had sun poisoning in the past? _____ (If yes, you may not tan w/out physicians approval)
6. Do you have dry skin? _____ If yes, tanning may aggravate dry skin.
7. Are you presently under a doctor's prescription of drugs or medication of any sort that could cause sensitivity to the sun? _____ (If yes, you may not tan without a physicians approval)
8. If female, are your pregnant? _____ (If yes, you may not tan without a physicians approval)
9. Do you have any contagious skin disease or any other type of contagious disease at this present time? _____ (if yes, you may not tan w/out a physicians approval.)
10. Do you wear contacts? _____ If yes, must remove them prior to tanning.

Rules:

1. Protective eyewear is provided and must be worn at all times during tanning.
2. No one will be permitted to tan more than once during one business day.

Initials _____ Date _____

3. There are no refunds or transfers made for any un-used tanning sessions. Packages

cannot be split or shared, No package holds.

4. All sessions have expiration dates.

5. No-one is allowed to be in the tanning room while tanning.

Warning: some harmful changes which may result from Overexposure to UV.M.JVB radiation include: Cataracts, skin cancer, premature aging, and possible photosensitive reactions when using perfumes, cosmetics, and certain drugs, including some antibiotic and birth control pills and even some foods.

Clients must read the photosensitive drug list if you are on medications.

I acknowledge that I have read and understand the instructions for use and manufacturer's instructions for use that were provided to me by Nicole's Connection. 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 Nicole's Connection, including but not limited to the use of tanning equipment. I for myself, my heirs executors, administrators and assigns, hereby release and forever discharge Nicole's Connection, its officers, directors, agents, employees, representatives and successors thereof, from any and all actions, cases 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 Nicole's Connection including use of tanning equipment, and also including injuries resulting from any act or failure to act on the part of Nicole's Connection, its officers, directors, agents, employees or representatives. I hereby assume full responsibility of any and all injuries and 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 held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. I understand that Nicole's Connection is relying on this release in agreeing to perform service, 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.

Signature: _____ Date _____

Date of Birth _____

Parental consent under 18 is required by law Parent consents to _____ Sessions

Parental Signature: _____

