

New Client Form

Today's Date: _____
Client Number: _____
First and Last Name: _____
Address: _____
Apt#: _____
City, Zip Code: _____
Birthday _____
(This information is required due to age restrictions)
Sex (F/M) _____
Email Address _____
Cell Number _____

Please answer the following questions:

Circle the correct answer

- | | | |
|--|-----|----|
| 1) Do you tan easily? | YES | NO |
| 2) Do you regularly go into the sun? | YES | NO |
| 3) Do you have a tendency to burn? | YES | NO |
| 4) Do you have any known allergies to sunlight? | YES | NO |
| 5) Are you taking any medication that would cause sensitivity to sunlight? | YES | NO |
| 6) Can we send you Text Messages? | YES | NO |

I have been instructed on the proper use of the tanning equipment and I am fully aware of the precautions necessary for tanning.

I agree that I am using the services of Tan Time, 24 Hr Tans entirely at my own risk and hereby release the owners, employees and operators from any and all liability from injury or damages resulting from the use of the sunlamp beds and sunlamp products.

Tan Time / 24 Hr Tans is not responsible for the loss or theft of any personal property. Each person is responsible for safeguarding his or her own property.

Client Signature _____

If under the age of 16; parental permission is REQUIRED! FOR ANY SERVICE

Parent Signature _____

Contraindication: This product is contraindicated for use on persons under the age of 18 years.

Contraindication: This Product must not be used if skin lesions or open wounds are present

Warning: This product should not be used on individuals who have had skin cancer or have a family history of skin cancer.

Warning: Persons repeatedly exposed to UV Radiation should be regularly evaluated for skin cancer

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Tanning is allowed once (1) every 24 Hours