

PARENT OR GUARDIAN CONSENT REQUIRED IF UNDER 18

| <u>Please print clearly</u> | | | | | |
|--|--|--|---|---|--|
| Name: | | Date of Birth: | Date of Birth: | | |
| A 11 | | O't | | ZID. | |
| Address: | | City: | State: | ZIP: | |
| Home phone: | Work phone: | Email: | May we | May we email you? | |
| How did you hear about us? | | | I | Sex: | |
| Are you protected from | pproved ONLY if you for idering the application of exposure in the entire are exposure on the lips and internal exposure caused estions is "no," you are not prevent inhalation. for areas to spray tan. To tion will wash out of more undergarment or clothing equest at no additional of sprocess will take appropriately appropriately and you should not we recommend dark, lo numediate bronzing effect you are actually tan. We touch areas that have be used in this procedure are may be allergic to one dergies. If people whose skin may be not your appearance is cruchould consult their physing a sunscreen and does in a sunscreen and does in the procedure and the procedure are supposed in the proce | ollow guidelines to protect f DHA by spraying or mist rea of the eyes, in additional all parts of the body cover the by inhaling or ingesting to the protected and you show this is up to you and your less that clothing. It is always being worn as soon as possible to to you. In a soon as possible to the protected and your less that clothing is always being worn as soon as possible to the protect of the protect is a real protect in the soon of the protect is a real protect and the protect and the soon in th | mucous membranes. Thing: to the eyes themselves? red by mucous membrane he product? uld request measures to vel of comfort. You show to wear dark loose fitte after your session. We utes. After spraying, you ly for nine hours unless to flops. esult of a coloring additing will come off to reveing to prevent browning the and generally regarded spray tan solution. Please any tanning. For this rease easion) | ne FDA advises ne? o protect your ould wear a dark ting cotton e provide our skin should be s you have live in the solution al your actual tan g of palms. d as safe. There he read the | |
| De sionin a this nalessa farms. I across that h | | NDEMNIFICATION | a anhigh Thomas and an | d dametan d | |
| By signing this release form, I agree that I completely. To my knowledge, I have no have been honest and accurate about the i may have, staining of clothing and/or personnection with my participation in the use | o medical condition or al information that I have proposed belongings and I re | lergy which would preclud ovided on this waiver. I ta | e me from having this pake sole responsibility o | procedure done. If any reaction I | |
| <u>I UNDERSTAND AN</u> | D AGREE TO ALL IN | FORMATION INCLUD | DED ON THIS FORM | | |
| SIGNATURE | | DA | ATE | | |

DATE

PARENT OR GUARDIAN SIGNATURE (Required if under age 18)