

SPRAY TANNING INTAKE FORM



General Information

Name

Date of Birth

Address

City

State

Zip Code

Phone #

Email

Occupation

Emergency Contact Name

Phone #

Would you like to be added to our email list for specials and discounts?

Yes

No

How did you hear about us?

Medical & Tanning History

Have you ever received a spray tan or applied sunless tanning before?

Yes

No

Do you have known allergies related to dihydroxyacetone (DHA)?

Yes

No

Do you have eczema or psoriasis?

Yes

No

Do you have asthma or any other respiratory condition?

Yes

No

Are you or could you be pregnant?*

Yes

No

Are you breastfeeding?*

Yes

No

*For safety reasons, we do not spray tan women who are in their first trimester of pregnancy. If you are beyond your first trimester or are nursing, written permission must be obtained from your doctor before being spray tanned.

Do you have any other allergies?

Yes

No

If yes, please list:

Do you have any skin conditions?

Yes

No

If yes, please list:

Are you under a doctor's care presently?

Yes

No

If yes, please list the medical condition(s):

By signing below, I agree to the following:

I have completed this form to the best of my ability and knowledge. I agree to inform the technician of any changes in the above information. I agree that I do not have any condition(s) that would make the requested treatment unsuitable. I will inform the technician of any discomfort I may experience at any time during my treatment to allow them to adjust accordingly. I agree to waive all liability toward my technician and the salon for any injury or damages incurred due to any misrepresentation of my health.

Name Printed

Signature

Date

Technician Name

Signature

Date

SPRAY TANNING INTAKE FORM



- _____ I understand that spray tanning is accomplished by the application of a solution containing the active ingredient: DHA (Dihydroxyacetone).
- _____ I understand that DHA is considered to be safe for external application and has been FDA approved ONLY if you follow guidelines to protect mucous membranes.
- _____ Thus, I understand that it is important that I avoid exposure to the eyes, lips, and other parts of the body covered with a mucous membrane. I understand that this should be accomplished by following the staff's breathing instructions to avoid inhaling or ingesting the sunless product and by applying the barrier cream.
- _____ I understand that the FDA recommends that I take the following measures to protect against ingestion or inhalation during my sunless tanning session:
- Protective eyewear
 - Nose filters
 - Sealing lips with lip balm
 - Protective undergarments
- _____ I understand that wearing deodorant, lotion or makeup will act as a barrier to the tanning solution causing an uneven tan or white spots. I understand that it is important that I remove these products before my spray tan.
- _____ I understand that exfoliating before applying and re-applying the tanner will enhance my results.
- _____ I understand that once I have been tanned, I should not use oil-based products, alpha hydroxy acids, and mineral oils as they accelerate skin exfoliation and the removal of my tan.
- _____ I understand that it is important that I refrain from any activities that will cause perspiration until after I shower.
- _____ I understand that my spray tan should last 5-10 days depending on my skin type and how well I take care of my sunless tan.
- _____ I understand that it is important to keep my skin moisturized after my spray tan and that I should avoid long baths, showers, saltwater, chlorinated pools, and/or hot tubs.
- _____ I understand that there are a small percentage of individuals whose skin does not react favorably to spray tanning.
- _____ I understand that some medications such as birth control pills, hormone replacement medications, and antibiotics may alter my spray tan.
- _____ I understand that some fabrics may be stained by the spray tanning solution.
- _____ I understand that there are some individuals that may be allergic to one or more of the ingredients in the spray tan solution. If I have an allergic reaction, I agree to hold the technician and the salon harmless and to contact a physician.
- _____ I understand that I may ask to see the ingredients of the spray tanning solution prior to application.
- _____ I understand that the salon does NOT advise being sprayed for photographic sessions, modeling assignments, weddings, etc. unless I have had a trial spray tan.
- _____ I understand that it is my responsibility to inform the tanning technician of any allergies, relevant medical history, or prior adverse reactions to self-tanning products and moisturizers.
- _____ I understand that exfoliating, shaving, and showering 24 hours before spray tanning is recommended.
- _____ I understand that this product does not contain sunscreen and does not protect against sunburn.

I have read the contents of this consent form carefully and state that I am not aware of any medical condition, allergies, or other reasons that would make sunless tanning unsuitable. I have been given adequate instructions for the proper use of the sunless tanning application, I understand the risks involved, and I agree to this procedure at my own risk. In consideration of spray tanning services provided by _____, I hereby waive, release, hold harmless, and forever discharge _____ of and from all claims, demands, debts, contracts, expenses, causes of action, lawsuits, damages, and liabilities, of every kind, whether known or unknown, from or related to my use of the spray tanning services. I hereby assume any risks associated with the spray tanning services provided under this Agreement and Release. I hereby agree to release the owners, operators from any damages that I might incur from the spray tanning. I have read and completely understand this consent form.

Name Printed

Signature

Date

Technician Name

Signature

Date