

Health Rhythms Medi Spa & Tan

4250 E. Florida Ave., Hemet, CA 92544

TANNING CLIENT RELEASE AND INFORMED CONSENT FORM

PLEASE READ THE FOLLOWING INFORMATION AND ACKNOWLEDGE THAT YOU UNDERSTAND
AND ACCEPT ALL PROVISIONS BY SIGNING BELOW

IF YOU DO NOT DEVELOP A TAN OUTDOORS, YOU ARE UNLIKELY TO TAN- FROM THE USE OF ANY TANNING DEVICE.

1. AVOID OVEREXPOSURE - As with natural sunlight, overexposure can cause eye and skin injury and allergic reactions. Repeated Overexposure may cause photo aging of the skin, dryness, wrinkling and in some instances skin cancer. We recommend that you do not tan outdoors on days you are tanning indoors, that you do not tan if you currently have a sunburn and that you, at most, tan only once in a 24 hour period.

2. UV SENSITIVITY - Certain medications, lotions and other products may cause your skin to be more sensitive to UV Rays. Check the posted list of drugs and products known to increase the photosensitivity of the skin. Check with your physician or pharmacist if you are unsure about any medications you are taking or if you have had a problem with indoor or outdoor tanning in the past.

3. WEAR PROTECTIVE EYEWEAR - Failure to wear protective eyewear designed for UV blocking may result in severe burns or long-term injury to injuries to the eyes.

I have read the contents of this consent form carefully and state that I am not aware of any medical condition or other reason that would prohibit me from tanning. I understand that I will not be allowed to exceed the maximum allowable time per session posted on the tanning device. I have been given adequate instructions for the proper use of the tanning equipment, understand the risks involved, and use it at my own risk. I hereby agree to hold Health Rhythms Medi-Spas & Tan, Inc. and any of its employees, operators and equipment and product manufacturers harmless against any and all liability and claims for any injuries that I might incur due to the use of the equipment located at this facility.

It is our intention to keep you as well informed about tanning as possible. This includes informing you about the proper operation of our tanning equipment. The proper procedures to follow in the tanning room will now be clearly explained by a member of our staff. Please feel free to ask any questions.

Signature: _____ Client # _____ Date: _____

Print Name of Client: _____

Technician/Witness Signature: _____ Date: _____

For visually handicapped or illiterate persons: This release form has been read to the client in my presence.

Witness: _____ Date: _____

I HEREBY GIVE MY PERMISSION as Parent [] Guardian []

of _____ who is _____ years of age, to tan at this tanning facility. I have read and fully understand this *Client Release and Informed Consent Form* and hereby agree to accept all of the provisions.

Signature: _____ Client # _____ Date: _____

Print Name of Parent/Guardian: _____