

Client Release and Informed Consent Form

Chill TanSpa
1480 Old Deerfield Rd. Suite 8
Highland Park, IL 60035

NAME:

ADDRESS:

CITY: _____ STATE: _____ ZIP: _____

DATE OF BIRTH: _____

PHONE: _____ EMAIL: _____

SIGNATURE: _____ DATE: _____

WE RESERVE THE RIGHT TO REFUSE SERVICE PLEASE READ THE FOLLOWING INFORMATION

1. We recommend sensible, moderate and responsible exposure to ultraviolet radiation (UVR). We do not allow double sessions or tanning more than once a day.
2. Regarding the operation of all tanning equipment: The proper procedure to follow in the tanning room has been clearly explained by our "Smart Tan" certified consultants. Please feel free to ask questions or to voice any concerns you may have before starting to tan.
3. Failure to wear protective eyewear may result in severe burns or long term injury to the eyes. Remove contact lenses.
4. Your session times are determined according to your skin type and tanning history as well as the condition of OUR tanning lamps. The session times are not determined by the maximum exposure times of the tanning units. We realize that you may have been tanning elsewhere; however, we know the efficiency of our tanning units well and how to ensure a safe and effective tanning experience. Please follow our advice. Failure to follow said advice may result in burning for which we cannot be held responsible.
5. Mineral oil, baby oil, outdoor tanning oils and lotions, etc. are harmful to the tanning bed acrylics. Please do not use any lotion that is not intended for indoor use and/or that has not been approved by one of our "Smart Tan" certified tanning consultants.

PLEASE FOLLOW ALL INSTRUCTIONS
IF YOU DO NOT DEVELOP A TAN AFTER EXPOSURE TO SUNLIGHT
YOU ARE UNLIKELY TO TAN FROM THE USE OF THE
TANNING DEVICES AT THIS TANNING SALON

I have read the contents of this Client Release and Informed Consent form carefully and state that I am not aware of any medical condition or other reasons that would prohibit me from tanning. I have been given adequate instructions regarding the proper use of the tanning equipment I will use and I understand the risks involved and I use this equipment at my own risk. I hereby agree to release the owners, operators, manufacturers, and distributors of Chill TanSpa's products and equipment from any damages that I might incur due to the use of this tanning facility.

**** Applicants under the age of 18 will require a parent/guardian to co-sign this form ****

Signature

Date

PARENT / GUARDIAN CONSENT:

I hereby give my permission as parent or guardian

of _____ who is _____ years of age

and is my _____ to tan at this tanning salon.

I have read and understand this Client Release and Informed Consent Form and agree to accept all of its provisions.

Signature:(parent/guardian)

Date: