



Client Consultation & Waiver Form for Sunless Tanning Treatment

Must Be 18+ to Tan Without a Parent/Guardian Signature

If Pregnant/Breastfeeding a Doctor's Note May Be Required

ALLERGY ALERT: Spray Tanning Solution Contains Walnut Extract, Coconut Oil & Aloe Vera

Name _____ Email _____

Address: _____ Phone: (____) _____

Male _____ Female _____ *All men MUST wear briefs or boxers while undergoing their tanning session. Please initial that you agree to these terms. _____

Are you wearing any perfume/makeup/deoderant/lotion? Y / N

List products: _____

Have you ever had any skin reactions from a self-tanner? Y / N

Please describe _____

Do you have any allergies? Y/N Please list _____

If so, are any related to Dihydroxyacetone (DHA)? Y / N

How did you hear about us? _____

Do you have any skin conditions that may be of concern? Y / N

List _____

Do you have any respiratory illness that may be of concern? Y / N (we always recommend asking your doctor before being sprayed)

List _____

Do you wear contact lenses? Y / N (contact lenses should be removed before spraying)

Are you pregnant? Y / N (we always recommend asking your doctor before being sprayed)

What skin type do you have? Please circle below:

1. Always burn never tan 2. Burn but still can achieve a tan 3. Tan easily & rarely burn

How often do you use a moisturizer? _____

Did you shower & exfoliate your skin no less than 4 hours before your visit? _____

Are you currently taking any prescription medication(s)? Y N

I understand that I am responsible for all jewelry, clothing, and accessories I wear before & after my sunless tanning application or airbrush tan. I understand I do not hold anyone but myself responsible for any of these items. I assume responsibility for any kind of allergic reaction I might have to this formula. I understand that I am doing this sunless tanning treatment at my own risk. I have read all of the instructions about my Airbrush Tanning Treatment and understand completely. All information is accurate as far as I know. PLEASE ADVISE of any allergies or skin conditions prior to spray tanning. It is recommended by the FDA that eye protection, nose plugs & lip balm is worn during your spray tanning session - these materials will be provided during your appointment.

Signature _____ Date _____

Thank you for taking the time to complete this form and please feel free to ask any questions or express any concerns you may have to assure the best RESULTS for your skin type.