



Client Consent Form

First Name _____ Last Name _____

Date of Birth ____/____/____

Address _____ Apt# _____

City _____ State _____ Zip _____

Home Phone () _____ - _____ Cell (Other) Phone () _____ - _____

May we occasionally send you promotional text messages to your cell phone? Yes or No

Eye Color - Hazel Green Blue Brown Gender - Male or Female
(circle one) (circle one)

Skin Type (circle one) 1-Bright White 2-White 3-Fair 4-Light Brown 5-Brown 6-Black
· Always Burns · Burns Easily · Burns Minimally · Burns Minimally · Rarely Burns · Tans Easily & Profusely
· Does Not Tan · Or Lightly · Tans Average Above Average · Substantially · Dark Eyes · Dark Hair
· Blue/green eyes · Blue/hazel or Brown Eyes · Dark Eyes · Dark Hair · Dark Hair
· Red/blonde hair · Brown eyes · Dark Hair · Dark Hair · Dark Hair
· Freckles · Red/blonde/brown hair

Warning: Skin Type 1 - Not Allowed to Indoor Tan - No ability to tan outdoors or indoors

Email Address

Receive our E-specials - Free Tans - Discounts - Information - No Spam

Are you pregnant? Yes or No If yes, do you have Doctors permission to tan? Yes or No
Please consult Doctor before suntanning.

Are you taking any medications? Yes or No
Certain medications can make you extra-sensitive to UV light and can be dangerous.

Have you ever suntanned indoors before? Yes or No

Do you suntan easily? Yes or No

Have you been suntanning recently? Yes or No

Do you have a tendency to burn? Yes or No

I understand that when suntanning parts of my body not normally exposed to sun, those areas will be more sensitive to UV light. I will protect accordingly. Yes or No

DANGER - ULTRAVIOLET RADIATION

I AGREE TO: Follow Instructions. Avoid overexposure. As with natural sunlight, overexposure can cause eye and skin injury and allergic reactions. Repeated exposure may cause premature aging of the skin and skin cancer. Wear protective eyewear.

FAILURE TO WEAR PROTECTIVE EYEWEAR MAY RESULT IN SEVERE BURNS OR LONG-TERM INJURY TO THE EYES

Medications or cosmetics may increase your sensitivity to the ultraviolet radiation. Consult with your physician before using a sunlamp or suntanning equipment if you are using medications or have a history of skin problems or believe yourself to be especially sensitive to sunlight. If you do not tan in the sun, you are unlikely to tan from the use of this suntanning product.

I HAVE READ THIS WARNING AND AM USING TOMMY'S TANNING'S SERVICES AT MY OWN RISK.

Date _____ Signature _____

Under 18 Years of Age: I have read the above and authorize my son/daughter to use the facilities at Tommy's Tanning.

Date _____ Signature Parent or Legal Guardian _____

Relationship _____ Print Name _____

Please wait to initial until you have been instructed on the proper use of the suntanning unit(s) of your choice. Staff Initial _____ Client Initial _____



Client Consent Form

First Name _____ Last Name _____

Date of Birth ____/____/____

Address _____ Apt# _____

City _____ State _____ Zip _____

Home Phone () _____ - _____ Cell (Other) Phone () _____ - _____

May we occasionally send you promotional text messages to your cell phone? Yes or No

Eye Color - Hazel Green Blue Brown Gender - Male or Female
(circle one) (circle one)

Skin Type (circle one) 1-Bright White 2-White 3-Fair 4-Light Brown 5-Brown 6-Black
· Always Burns · Burns Easily · Burns Minimally · Burns Minimally · Rarely Burns · Tans Easily & Profusely
· Does Not Tan · Or Lightly · Tans Average Above Average · Substantially · Dark Eyes · Dark Hair
· Blue/green eyes · Blue/hazel or Brown Eyes · Dark Eyes · Dark Hair · Dark Hair
· Red/blonde hair · Brown eyes · Dark Hair · Dark Hair · Dark Hair
· Freckles · Red/blonde/brown hair

Warning: Skin Type 1 - Not Allowed to Indoor Tan - No ability to tan outdoors or indoors

Email Address

Receive our E-specials - Free Tans - Discounts - Information - No Spam

Are you pregnant? Yes or No If yes, do you have Doctors permission to tan? Yes or No
Please consult Doctor before suntanning.

Are you taking any medications? Yes or No
Certain medications can make you extra-sensitive to UV light and can be dangerous.

Have you ever suntanned indoors before? Yes or No

Do you suntan easily? Yes or No

Have you been suntanning recently? Yes or No

Do you have a tendency to burn? Yes or No

I understand that when suntanning parts of my body not normally exposed to sun, those areas will be more sensitive to UV light. I will protect accordingly. Yes or No

DANGER - ULTRAVIOLET RADIATION

I AGREE TO: Follow Instructions. Avoid overexposure. As with natural sunlight, overexposure can cause eye and skin injury and allergic reactions. Repeated exposure may cause premature aging of the skin and skin cancer. Wear protective eyewear.

FAILURE TO WEAR PROTECTIVE EYEWEAR MAY RESULT IN SEVERE BURNS OR LONG-TERM INJURY TO THE EYES

Medications or cosmetics may increase your sensitivity to the ultraviolet radiation. Consult with your physician before using a sunlamp or suntanning equipment if you are using medications or have a history of skin problems or believe yourself to be especially sensitive to sunlight. If you do not tan in the sun, you are unlikely to tan from the use of this suntanning product.

I HAVE READ THIS WARNING AND AM USING TOMMY'S TANNING'S SERVICES AT MY OWN RISK.

Date _____ Signature _____

Under 18 Years of Age: I have read the above and authorize my son/daughter to use the facilities at Tommy's Tanning.

Date _____ Signature Parent or Legal Guardian _____

Relationship _____ Print Name _____

Please wait to initial until you have been instructed on the proper use of the suntanning unit(s) of your choice. Staff Initial _____ Client Initial _____

