



Sun Dazed Tanning Client Application and Waiver For Applicants Age 18 & Over

Name: _____ Birth Date (mm/dd/yy): _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____
Email (optional): _____
How did you hear about us? _____

**WE RESERVE THE RIGHT TO REFUSE SERVICE TO ANYONE AT ANY TIME. PLEASE
READ THE FOLLOWING INFORMATION AND ACKNOWLEDGE THAT YOU UNDERSTAND AND
ACCEPT ALL PROVISIONS BY SIGNING.**

1. We recommend sensible, moderate, and responsible exposure to ultraviolet radiation (UVR).
2. **FOLLOW ALL INSTRUCTIONS** regarding the operation of all tanning equipment. The proper procedure to follow in the tanning room has been clearly explained by the attendant. It is our intention to keep you fully informed about tanning as possible. Please feel free to ask any questions or to voice any concerns that you might have before starting to tan.
3. **AVOID OVER EXPOSURE.** As with natural sunlight, over exposure can cause eye and skin injury, as well as allergic reactions. Repeated exposure may cause chronic damage characterized by premature 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, do not tan if you have a sunburn, and do not tan more than once in a 24 hour period. Seek medical care if you suffer a severe, painful and blistering sunburn.
4. **WEAR PROTECTIVE EYEWEAR.** You are required to wear protective eyewear while tanning in our facility. Failure to wear protective eyewear may result in severe burns or long-term injury to the eyes. We recommend that you remove contact lenses before tanning.
5. **CERTAIN MEDICAL 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.
6. For your safety and to prevent equipment damage, please follow the instructions regarding the bed acrylics posted in your tanning room.
7. We promote responsible tanning and do not allow double sessions or tanning more than once a day.
8. 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 been approved by one of our Tanning Consultants.
9. Please be cautious when using Hot Action or Tingle lotions. If you are not familiar with what they do, try a spot test before purchasing a full bottle. These lotions are not recommended for beginners.

PLEASE ANSWER THE FOLLOWING QUESTIONS TO THE BEST OF YOUR ABILITY.

The following questions are necessary so that we may better serve you. Each question MUST be answered HONESTLY.

Do you tan easily?	Y	N
Do you go regularly into the sun?	Y	N
Do you have a tendency to burn?	Y	N
Do you have any known allergies to sunlight?	Y	N
Have you ever suffered from a major sunburn?	Y	N
Have you ever been advised by a physician to stay out of the sun?	Y	N
If so, for what reason? _____		
Are you taking any medications that would cause sensitivity to sunlight? (see following list)	Y	N

Antimicrobial Tetracycline’s especially Demeolocycline, Sulfonamides, especially Sulfanilamide, Griseofulvin, Halogenated salicylanilides.

Other drugs: Penothiazines, especially Chlorpromazine, Thiazides, Psoralens, Sulfonylures

Others: Oral Contraceptives, Sunscreens, Tar, Cosmetics (due to presence of eosin, psoralens, or antimicrobial agents)

Precautions are necessary for safe tanning. I agree that I will comply with all the instructions on the use of the system and that I am using these services at my own risk, and protecting my vision by using goggles.

We and our employees and agents are not liable for any injury to person or property caused in any way by the use of its services or its premises. Also, they are not liable for the loss or theft of any personal property. Each person is responsible for safeguarding his or her own property. In consideration of the acceptance of the Application and Waiver, I hereby waive and release for myself and by heirs, executors, and administrators any claims of any nature whatsoever which I might at any time have against the Sun Dazed LLC or its employees and acknowledge that I will use the services provided at my own risk. I confirm that I have given accurate answers to the above questions and that I will carefully follow all directions given and that I am 18 years of age or older.

Other things you should know:

1. Your session times are determined according to your skin type, tanning history, as well as the condition of our tanning lamps and not by the maximum exposure times of the tanning units. We realize that you may have been tanning elsewhere, but we know our equipment the best, so please follow our advice. Failure to follow said advice may result in burning for which we cannot be held responsible.
2. In order to accurately compile client histories, we are not able to allow others to use sessions that are on your ‘screen.’ Each person wishing to tan must sign a Waiver and be entered into our computer program individually.
3. If you ever have any questions, comments, or concerns, please let us know.

IF YOU DO NOT DEVELOP A TAN IN THE SUN, YOU ARE UNLIKELY TO TAN FROM THE USE OF THE TANNING DEVICES AT THIS TANNING SALON.

CLIENT NAME: _____
(Please Print)

(Signature)

DATE: _____



Sun Dazed Tanning Tanning Skin Type Test

The importance of knowing your skin type. The Golden Rule of smart tanning is simple: DON'T EVER SUNBURN. At Sun Dazed Tanning we are dedicated to helping you avoid sunburn whether you're tanning indoors or out. Helping you know and understand how much sunlight your skin type can handle is an important step in your life-long skin care regimen. Answer the following questions and add the corresponding score assigned to your answers. When you have the total, match it to the Skin Type Chart below. It's that simple!

NAME (Please Print): _____

- | | |
|--|--|
| <p>___1. What is the natural color of your untanned skin?
0 – Reddish-white 8 – Light Brown
2 – White-beige 12 – Brown
4 – Beige 16 – Black</p> | <p>___5. Which best describes your genetic heritage?
0 – Celtic Caucasian
2 – Caucasian, light-skinned European
4 – Caucasian, dark-skinned European
8 – Caucasian, Mediterranean
12 – Middle Eastern, Indian, Asian, Hispanic
16 – Aborigine, African, African-American</p> |
| <p>___2. What is your natural hair color?
0 – Red, light blond 8 – Dark Brown
2 – Blond, light brown 12 – Brownish-black
4 – Brown 16 – Black</p> | <p>___6. Which best describes your SUNBURN potential?
0 – Always burn without tanning
2 – Usually burn but can tan
4 – Occasionally burn but tan moderately
8 – Seldom sunburn and tan easily
12 – Rarely sunburn and tan profusely
16 – Never sunburn</p> |
| <p>___3. What is your eye color?
0 – Lt. blue, lt. green, lt. grey 8 – Brown
2 – Blue, green, grey 12 – Dark Brown
4 – Grey, light brown 16 – Black</p> | <p>___7. Which best describes your TANNING potential?
0 – Never tan 4 – Tan moderately
2 – Can tan lightly 8 – Obtain dark tan</p> |
| <p>___4. How many freckles do you naturally have on your untanned body?
0 – Many 4 – Few
2 – Some 8 – None</p> | |

ADD ALL YOUR POINTS TO GET YOUR TOTAL SCORE AND MATCH IT WITH THE CORRECT SKIN TYPE LISTED BELOW.

Score	Skin Type / Description	Score	Skin Type / Description
0 – 7	Skin Type I – Very sensitive to sunlight	43 – 68	Skin Type IV – Skin is tolerant of sunlight
8 – 21	Skin Type II – Sensitive to sunlight	69 – 84	Skin Type V – Skin is brown and very tolerant
22 – 42	Skin Type III – Normal sensitivity to sunlight	85+	Skin Type VI – Skin is black and extremely tolerant

SCORE _____ SKIN TYPE # _____

Have you ever been to a tanning salon?	Y	N
Have you taken any prescription or over-the-counter drugs recently?	Y	N
Do you have any tattoos?	Y	N
Do you freckle or peel when tanning?	Y	N
Have you ever developed a rash, blister, an allergic reaction or sun poisoning?	Y	N
Are you under a doctor's care presently?	Y	N
Have you ever been diagnosed with skin cancer?	Y	N
Do you presently or have you ever had cataracts?	Y	N
Do you wear contact lenses?	Y	N
Do you know how to wear eye protection?	Y	N
Have you tanned within the last 30 days?	Y	N
Do you burn easily?	Y	N
Do you tan easily?	Y	N

EMPLOYEE _____