



Informed Consent & Release for Spray Tanning

Name: _____
First Middle Last

Address: _____
Street City State Zip

Phone: (h) _____ (w) _____ (c) _____

DOB: ____/____/____ How did you hear about us: _____

Email: _____

Have you ever used a self-tanning product before?	Y	N
Did you have a reaction?	Y	N
If yes, please explain		
Are you pregnant, possibly pregnant, or breast-feeding?	Y	N

_____ I understand that swimming, showering, and/or participating in any vigorous activity that results in sweating can negatively impact the result of my tan if done within 10 hours of session.

_____ I understand there is a chance of my clothing to be stained, more so if light colored and made of nylon, rather than cotton or linen.

In consideration of receiving permission to participate in any activities sponsored by or provided on the premises of Spa 360, or to utilize or otherwise obtain any services, products, or goods offered or sold by, or on the premises of Spa 360, the receipt of such permission being also acknowledged, each of the undersigned releases Spa 360, its members, managers, agents, officers, servants, and employees of and from any and all liability, claims, demands, actions, and causes of action whatsoever, arising out of or related to any loss, damage, or injury to person or to property (including clothing), including death, that may be sustained by any or each of the undersigned, or any property of any or each of the undersigned, while in or on the premises, or any premises leased to, owned by, sanctioned by, or under the control or supervision of Spa 360 or en route to or from any of the premises.

Each of the undersigned being duly aware of the risks and hazards inherent in entering on the premises and/or in participating in any activities involving Spa 360, voluntarily and knowingly assume all risks of loss, damage, or injury, including death, that may be sustained by any or each of the undersigned arising from the application of the airbrush tan products.

This release is binding on the undersigned heirs, next of kin, executors, administrators, and personal representatives of each of the undersigned.

Client Signature _____ Date _____

Spa 360 Staff Signature _____ Date _____