



CLIENT INFORMATION · PLEASE PRINT CLEARLY

Spa Consultant: _____

Last Name	First Name	BirthDate (MM/DD/YYYY)	Age
Mobile Number	Work Number	EMAIL	@
Current Mailing Address	City	State	Zip Code
Employer/Business Name	Occupation/Title	City	Telephone Number
In Case Of Emergency, Call	Relationship	1st Phone Number	2nd Phone Number

Informed Consent: Indoor Tanning Precautions & Release

1. Failure to use eye protection may result in permanent damage to the eyes. Federal/state/provincial indoor tanning regulations require approved eyewear.
2. Overexposure to ultraviolet light causes burns.
3. Repeated exposure may result in premature aging of the skin, cancer and other conditions.
4. Abnormal skin sensitivity or burns may be caused by reactions of ultraviolet light to certain: a. foods b. cosmetics c. medications, including but not limited to tranquilizers, diuretics, antibiotics, high blood pressure medicines, or birth control.
5. Any person taking a prescription or over the counter medication should consult a physician before tanning.
6. Pregnant women should consult a physician before using a tanning device.
7. A person with skin that burns easily and never tans should avoid indoor tanning.
8. A person with a family or past medical history of skin cancer should avoid indoor tanning.

Please answer the following:

1. Have you taken any prescribed or over the counter medication(s) recently? _____ YES _____ NO (check one) If yes, please list medication(s) : _____ (also applies for use in Hydration Station)
2. Have you ever developed an allergic reaction or un poisoning from tanning? _____ YES _____ NO (Check One)
3. Are you currently pregnant? _____ YES _____ NO (Check One) If yes, permission from your physician is required and must be attached. (also applies to use in Hydro Station)
4. Have you ever been diagnosed with skin cancer? _____ YES _____ NO (Check One) If yes, do not tan.
5. Are you currently taking perscriptions for thydirod medication? _____ YES _____ NO (Check One) If yes, do not Red Light
6. Do you have any of the following conditions? ___ Dizziness ___ Severe neck or back pain ___ Cancer ___ Fractures ___ High BP ___ Cardiac/circulatory problems ___ Allergies ___ Skin Infection ___ + Varicose Veins or thrombosis

I hereby certify that the answers to questions 1-4 above are accurate and true and are completed to the best of my ability. _____ *Initial*

Informed Consent: Spa Services

VERSASPA: DHA is listed in the Food, Drug and Cosmetic Act (FD&C Act) as a color additive for use in imparting color to the human body. However, its use in cosmetics -including sunless "tanning" application - is restricted to external application. According to the CFR, "externally applied" cosmetics are those "applied only to external parts of the body and not to the lips or any body surface covered by mucous membrane" (21 CFR 70.3v). In addition, no color additive may be used in cosmetics intended for use in the area of the eye unless the color additive is permitted specifically for such use (21 CFR 70.5a). The CFR defines "area of the eye" as follows: "The area enclosed within the circumference of the supra-orbital ridge, including the eyebrow, the skin below the eyebrow, the eyelids and the eyelashes, and conjunctiva sac of the eye, the eyeball, and the soft areolar tissue that lies within the perimeter of the infra-orbital ridge." (21 CFR 70.3s) Because the FDA has not specifically tested or reviewed DHA exposure for other than external use, it recommends that users take measures to protect exposure to eyes, lips, mucous membranes, and prevent inhalation. In accordance with these guidelines, we recommend the following:

Like most cosmetics, avoid exposure to the eyes, as well as the immediate area surrounding the eyes.

Avoid exposure to the lips and other parts of the body covered by mucous membrane. This can be accomplished by using a barrier product such as a lip balm.

Follow manufacturers breathing instructions so as to avoid inhaling or ingesting the sunless product. Nose plugs are also recommended.

By my signature affixed below, I affirm that I have carefully read, understood and acknowledged the statements listed above relating to DHA "sunless" application: I state that I am not aware of any medical condition or other reason that would prohibit me from sunless application. I have been given adequate instructions for the proper use of the sunless application, understand the risks involved, and use it at my own risk. I hereby agree to release the owners, operators and manufacturers from any damages that I might incur due to the use of this facility.

