

| SPRAY IANNING | 3 CONSENT FORM | | |
|--------------------|--------------------------|------------------|-----------------------------|
| Name: | | | |
| Address: | | | |
| | State: | Zip: | Phone #: |
| E-mail address: | | | |
| Have you receive | ed a spray tan or applie | ed a sunless ta | nner before? Yes or No |
| | llergies: | | |
| Any related to Di | hydroxyacetone (DHA) | ? Yes or No | |
| Do you have any | skin conditions? Yes | or No | |
| If yes, please | e list: | | |
| Do you have any | respiratory illnesses? | Yes or No | |
| Are you or could | you be pregnant? Yes | s or No | |
| If yes, do you | ı have permission to ta | n? Yes or No | |
| Are you under a | doctor's care presently | ? Yes or No | |
| If yes, please | list the medical condit | ion: | |
| Please read, und | erstand and sign the fo | ollowing: | |
| DHA is listed in t | he Food, Drug and Cos | smetic Act (FD | &C Act) as a color additive |
| for use in imparti | ng color to the human | body. Howev | er, its use in cosmetics – |
| including sunless | s "tanning" products – i | is restricted to | external application. |
| According to CF | R, "externally applied" | cosmetics are | those 'applied only to |
| external parts of | the body and not to the | e lips or any b | ody surface covered by |
| mucous membra | ne" (21 CFR 70.3v). | | |

• DHA reacts with the skin's amino acids resulting in a "tan" similar looking to that

of the sun. The darker you can tan naturally, the darker you can tan with a spray tan. Like most cosmetics, avoid exposure to the eyes, lips, and other parts of body covered with a mucous membrane. This should be accomplished by follow the staff's breathing instructions as to avoid inhaling or ingesting the sunless product and by applying a barrier cream.

• Your spray tan should last 5-10 days depending on your skin type and how well

you take care of your sunless tan. It's very important to keep your skin moisturized after your spray tan, avoiding long baths or showers and hot tubs. Salt water exposure or a chlorinated pool can also shorten your spray tan.

• Be advised there may be a small percentage of individuals whose skin does not

react favorably to spray tanning. Some medications such as birth control pills,

hormone replacement medications, or antibiotics may alter your tan. Please consult with your technician if you have any questions.

• Following the spray tan session, please avoid: tight clothes, excessive perspiring,

leather seats, and do not shower for at least 6-8 hours. Letting solution stay on overnight without showering is recommended. Some fabrics may be stained by the spray tanning solution, please use caution and care.

• All ingredients in the product used in this procedure are intended for cosmetic use

and generally regarded as safe. There are, however, occasions where individuals may be allergic to one or more ingredients in the spray tan solution. If this occurs, shower and discontinue use. If severe reaction, contact a physician. You may ask to see the ingredients prior to application

• Be advised we do NOT advise being sprayed for photographic sessions, modeling

assignments, weddings, etc. unless you have had a trial spray tan with us. WARNING – This product does not contain a sunscreen and does not protect against sunburn. Repeated exposure of unprotected skin may increase the risk of skin aging, skin cancer and other harmful effects to the skin even if you do not burn.

I have read the contents of this consent form carefully and state that I am not aware of any medical condition, allergies, or other reason that would prohibit me from sunless tanning. 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. I have been advised to discontinue use if any reaction occurs.

| I have read and completely understand this co | nsent form. |
|--|------------------------------------|
| Signature: | Date: |
| Witness (Employee) Signature: | |
| | Date: |
| I HEREBY GIVE MY PERMISSION as parent of | r guardian of |
| | who is years of age |
| (permission required if under and hereby agree | e to accept all of the provisions. |

Date: