

AIRBRUSH TANNING QUESTIONNAIRE

Name: _____

Phone Number: _____ Text Reminder? _____

Full Address: _____

Email: _____

Birth Date: _____ Referred By: _____

Medical: (are you currently or within the last year under ANY doctor's care?)

Health Problems: (Diabetes, Thyroid, Cancer, Hormone Imbalance, Epilepsy, Asthma)

Medications, Drugs, and/or Vitamins: (Reasons for taking)

Skin Problems? Breakouts? Flaking? _____

Do you use self-tanners? _____

Are you pregnant? _____ Breast feeding? _____

Waiver Agreement

The undersigned acknowledge that the technician has explained the nature of all the above noted pre and post treatment procedures. The technician does not guarantee the duration of any tan and does not guarantee that DHA will tan the skin. I hereby and forever discharge the technician from all claims, demands, actions, and cause of action arising out of the performance of the said treatment and post treatment procedures which I shall or may have, including allergic reaction to the DHA. Being of sound mind and body, I hereby release any and all persons including and representing the technician from all responsibility for myself for any consequences that might stem from my decision to have an airbrush tan (DHA applied). I have read and understood all pre and post tan instructions.

Client Signature _____ Date _____