## **Spray Tanning Release Form**

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Name	Phone		
Address	City/State/Zip		
Email	Date of Birth		
Please read, understand and si	gn the following.		
<ul> <li>Spray tanning is accomplishe ingredient: DHA (Dihydroxyace</li> </ul>	d by application of a solution containing the active tone).		
skin should be dry before puttin immediate bronzing effect. The	approximately ten to fifteen minutes. After spraying, your ag your clothes back on. The solution will give you an a bronzing effect is a result of a coloring additive in the skin until you are actually tan. When you shower, the your actual tan beneath.		
cosmetic use and generally reg	gredients used in this procedure are intended for garded as safe. There are, however, occasions where one or more ingredients in the spray tan solution. Please ave any known allergies.		
	ercentage of people whose skin may not react favorably n, we do NOT advise being sprayed for the first time when edding/special occasion)		
• Caution – Pregnant or nursing	women should consult their physician before using.		
• I have been provided with spray tan care instructions, which I have read and understand completely. To my knowledge, I have no medical condition or allergies, which would preclude me from having this procedure done. I have been honest and accurate about the information that I have provided on this waiver. I take sole esponsibility of any reaction I may have, staining of clothing and/or personal belongings			
I have read and completely un	derstand this consent form.		
Client Signature:	Date:		
If client is under the age of 18, p	parent/guardian signature required for services		
Parent/Guardian:			
Signature:	Date:		