

TANNING MEMBERSHIP FORM

Name _____

Address _____

City _____ State _____ Zip _____

Birth Date _____ Home Ph. _____ Bus. Ph. _____

Please Answer the following questions to the best of your ability.

1. Complexion Type: Fair Medium Dark
2. Do you tan easily? Yes No
3. Do you freckle from the sun? Yes No
4. Has it been over one month since you have been in the sun? Yes No
5. Are you allergic to the sun? Yes No
6. Is your skin oily? Yes No
7. Has your doctor prescribed tanning for health reasons? Yes No
8. Are you presently taking any medication that could cause sensitivity to sunlight?
 Yes No
9. Do you use deodorant soap? Yes No
10. Are you pregnant? Yes No
11. Are you taking any medication that would cause sensitivity to the sun? (Please review the list below) Yes No

Antimicrobial Agents

Tetracyclines
Sulfonamides
Griseofulvin
Halogenated salicylanilides

Other Drugs

Phenothiazines
Thiazides
Psoralens
Sulfonylureas

- If you use birth control pills, you should be aware that over-exposure to sunlight may cause skin discoloration.
- Do not use heavy perfumes or cosmetics while tanning.
- Contact lens wearers should remove lenses before tanning.

I have read instructions for proper use of the sun tanning equipment. I agree to use them at my own risk and hereby release the operator, salon owner, and manufacturer of the equipment from any damage that I may incur due to use of said facility. I also confirm my understanding that no statements or claims have been made of said facilities to improve health or cure diseases of any kind. I will use goggles for eye protection. I have read the list of photosensitive drugs and I am not using any of them.

_____ Date

_____ Signature

Parental Consent _____