

Fit Stop Health Club

TANNING BED CLIENT RELEASE AND INFORMED CONSENT FORM

PLEASE READ THE FOLLOWING INFORMATION AND ACKNOWLEDGE THAT YOU UNDERSTAND AND ACCEPT ALL PROVISIONS BY SIGNING BELOW.

It is our intention to keep you as well informed about tanning as possible. This means informing you how to operate the tanning equipment. The proper procedure to follow in the tanning room will be clearly explained by a member of our staff. **Please feel free to ask any questions.**

1. **AVOID OVER-EXPOSURE.** As with natural sunlight, over-exposure can cause eye and skin injury and allergic reactions. **Repeated over-exposure** may cause photoaging of the skin, dryness, wrinkling and, in some instances, skin cancer. We recommend that you do not tan outdoors on days you are tanning indoors; that you do not tan if you currently have a sunburn; and that you, at most, tan only once in a 24-hour period. **If you do not develop a tan outdoors, you are unlikely to tan from the use of any tanning device.**

2. **BE CAUTIOUS WITH CERTAIN MEDICATIONS, LOTIONS, COSMETICS & OTHER PRODUCTS.** Some medications, lotions, cosmetics and other products may cause your skin to be more sensitive to UV rays. Check with your physician or pharmacist if you are unsure about any medications you are taking, or if you have had a problem with indoor or outdoor tanning in the past. If you are unfamiliar with a lotion you are using, try a spot test first. **You are responsible to be aware of your skin type (freckles, moles, etc.) and follow your session time accordingly.**

3. **WEAR PROTECTIVE EYEWEAR.** Failure to wear protective eyewear may result in severe burns or long-term injury or injuries to the eyes.

I have read the contents of this consent form carefully and state that I am not aware of any medical condition or any other reason that would prohibit me from tanning. I understand that I will not be allowed to exceed the maximum allowable time posted on the tanning device. I have been given adequate instructions for the proper use of the tanning equipment at The Fit Stop Health Club. I 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. The Fit Stop Health Club is not liable for the loss or theft of any personal property.

Signature: _____

Date: _____

PrintName: _____

Witness(Employee)Signature: _____

MINOR PARENT/GUARDIAN CONSENT

I hereby give my permission for _____ who is _____ years of age, to
tan at The Fit Stop Health Club. I have read and fully understand this Client Release and Informed Consent Form and hereby
agree to accept all of the provisions.

Signature: _____

Date: _____

PrintParent/GuardianName: _____

Witness (Employee) Signature: _____