



781-826-2605

Sun City New Customer Information

Name: _____

Date of Birth: _____

Address: _____

How did you Friend/ TV/ Drive By/ Flyer

City/State/Zip: _____

hear about us? Website/ SC Truck/ Coupon

Phone: _____

Interested in: Single Package Versa Spa

Email: _____

I would like to receive monthly specials via my e-mail? YES NO I WOULD LIKE TO RECEIVED TEXT MESSAGES YES NO

CLIENT RELEASE AND INFORMED CONSENT FORM

WE RESERVE THE RIGHT TO REFUSE SERVICE TO ANYONE AT ANYTIME PLEASE READ THE FOLLOWING INFORMATION AND ACKNOWLEDGE THAT YOU UNDERSTAND AND ACCEPT ALL PROVISIONS BY SIGNING BELOW

1. We recommend sensible, moderate and responsible exposure to ultraviolet radiation (UVR).
2. PLEASE FOLLOW ALL INSTRUCTIONS regarding operation of tanning equipment. The proper procedure to follow in the tanning room has been clearly explained by the attendant. Please feel free to ask questions or to voice any concerns that you may have before starting to tan.
IF YOU DO NOT DEVELOP A TAN AFTER EXPOSURE TO SUNLIGHT, YOU ARE UNLIKELY TO TAN FROM THE USE OF THE TANNING DEVICES AT THIS SALON.
3. AVOID OVEREXPOSURE. As with natural sunlight, overexposure can cause eye and skin injury and allergic reactions. Repeated overexposure to UVR may cause photoaging of the skin, dryness, wrinkling, and (sometimes fatal) non-melanoma skin cancer. We recommend that you do not tan outdoors on days that you are tanning indoors, do not tan if you have a sunburn, seek prompt medical care if you suffer a severe, painful, and blistering sunburn and that you tan no more often than every other day.
4. WEAR PROTECTIVE EYEWEAR. Failure to wear protective eyewear may result in severe burns or long-term injury to the eyes. We recommend that you remove contact lenses before tanning.

I have read the contents of this Client Release and Informed Consent form carefully and state that I am not aware of any medical conditions or other reasons that would prohibit me from tanning. I understand that while I will not be allowed to exceed the maximum allowable time posted on the tanning unit I will use, my skin type/subtype, tanning history and level of existing tan may allow me to tan longer than the posed schedule and I do so at my own risk. I have been given adequate instructions regarding the proper use of the tanning equipment I will use, understand the risks involved and I do so at my own risk. I hereby agree to release the owners, operators, manufacturers, distributors, and any governmental agency from any damages that I might incur due to the use of this tanning facility. I also understand that there are no refund on tanning packages and or lotions.

SIGNATURE: _____

Date: _____

(By signing above without the addition of a parent/guardian signature you attest to meeting our age requirement of 18+. If <15 years old a guardian is required to sign and be with you on every visit)

SPECIAL NEEDS CONSENT:

This Informed Consent form has been read to an illiterate or visually handicapped person in my presence.

Witness: _____

Date: _____

Parent/Guardian Consent:

I hereby give my permission as parent of guardian of _____ who is _____ years of age and is my son/daughter to tan at this tanning salon. I have read and understand this Client Release and Informed Consent form and agree to accept all of its provisions.

Signature: _____

Date: _____

