

BRONZATURA AIRBRUSH TANNING STUDIO
Consent/Release of Liability Form

Client Name: _____

Date of Birth: ____/____/____

Address: _____ **City:** _____

State: _____ **Zip:** _____ **Phone Number:** (____) _____ - _____

Email: _____

How did you hear about us? (Referred by a client, list their name) _____

PLEASE READ, understand and sign the following:

Spray tanning solutions contain DHA, which does not protect you from UV rays from the sun and should not be thought of or treated as sunscreen or like a sun protector. I have been verbally instructed on the pre-tanning/preparation procedures as well as the post-tanning procedures by the airbrush technician at this business. **I UNDERSTAND THAT IF I AM NEGLIGENT AND DO NOT USE PRODUCTS FROM THE SALON DESIGNED SPECIFICALLY FOR MY TAN AND DO NOT FOLLOW THE ABOVE INSTRUCTIONS THE SALON WILL ASSUME NO RESPONSIBILITY FOR THE RESULTS, APPEARANCE, OR LONGEVITY OF MY TAN.** I also understand that for my own safety **BOTTOMS ARE REQUIRED** and a minimum of a thong must be worn during my appointment. I have been informed that there are nose plugs, eye goggles, Vaseline, and hair nets in each room for my safety to prevent ingesting the chemical DHA. I have read the contents of this consent form carefully and state that I am not aware that information listed above of any medical condition, allergies, or any other reason would prohibit me from sunless tanning. I **understand** and **agree** that this release of liability is perpetual and ongoing I have been given adequate instructions for the proper use of sunless application, 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 may incur due to the use of this service, product and or facility (if applicable).

Print Name: _____ **Signature:** _____

IF THE CLIENT IS UNDER 18 YEARS OF AGE:

As a Parent/ Legal Guardian of the above listed Client, I grant permission for Bronzatura, to apply a spray tan to the above listed Client. I acknowledge that I have read and completely understand this consent form, and agree to the above waivers of liability, recommendations, and terms.

Parent /Guardian Signature: _____ Date: _____

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Client Skin Type/ Color Chart

Client Name: _____ Date: _____

1. Do you have any known allergies to the following: WHEAT/ SOY/ NUTS
If so which? _____

2. Have you ever spray tanned before? YES / NO

If so where? _____

3. Do you have an idea of the shade the salon used on you such as light/med/
dark? _____

4. Are you spraying for an event?

If so when is the event? _____

5. Are you spraying for vacation?

If so do you plan on being in contact with chlorine? YES/ NO
Do you plan on being exposed to the sun for extended amounts of time?
YES/NO
*****If yes tech please discuss chlorine and sun protection*****

6. How does your skin tan naturally in the sun?
 - a. Never tan Burn Only
 - b. Can develop a light tan
 - c. Can develop a moderate tan
 - d. Can develop a dark tan

7. What kind of color/tan result are you looking for today?
 - a. Very modest/ Just Take off the edge
 - b. Little glow/ Sun-kissed
 - c. Moderate warm brown
 - d. Dark brown
 - e. Darkest possible

(For Tech Use) COLOR SELECTED:
