

CLIENT QUESTIONNAIRE

NAME _____

ADDRESS _____

TELEPHONE (home) _____ (alternate number) _____

E-MAIL ADDRESS _____

DATE OF BIRTH _____

You have agreed to participate in a series of light exposures to achieve tanning of your skin. To help us best classify your skin, please answer the following questions.

1. Please select one of the following categories that best fits your skin condition:
 - A. Have you always burned and never tanned? Yes No
 - B. Have you most of the time burned and occasionally tanned? Yes No
 - C. Have you achieved a tan most of the time? Yes No
 - D. Have you always tanned and never burned? Yes No
2. If you have tanned in the past, do you tan easily? Yes No
3. Are you under medical care for your skin? Yes No
4. Are you allergic to the sun in any way? Yes No
If yes please explain: _____

5. Do you have dry skin? Yes No
6. Are you presently under a doctor's prescription for drugs or medication of any sort that could cause sensitivity to the skin? Yes No
7. If female, are you pregnant? Yes No
8. Do you wear contacts? Yes No
9. How did you hear about us? _____

PLEASE LIST MEDICATIONS, COSMETICS, TOILETRIES & TANNING ACCELERATORS & DATE ENTRY:

PLEASE NOTE: Recent legislation mandates your response to specific questions at each tanning session. It is your right and responsibility to answer all questions appropriately.

CONSENT

I acknowledge that I have read and understand the instructions for use and manufacturer's instructions for use that were provided to me by HOT TROPICS TANNING. I further acknowledge that I understand the above questions and have answered each question accurately and truthfully. In consideration of the services to be provided by HOT TROPICS TANNING including, but not limited to, the use of tanning equipment for myself, my heirs, executors, administrators, and assigns, hereby release and forever discharge HOT TROPICS TANNING, its officers, directors, agents, employees, representatives, and successors thereof, from any and all actions, courses of actions, claims and demands whatsoever, whether founded in fact or in law, arising from or by reason of any injury suffered by me as a result of the performance of services by HOT TROPICS TANNING, including use of tanning equipment and also including injuries from any act or failure to act on the part of HOT TROPICS TANNING, its directors, agents, employees, or representatives. I hereby assume full responsibility for any and all injuries, including the use of tanning equipment.

I expressly agree that this release is intended to be a broad and inclusive as permitted by the laws of this state and that if any portion of this release is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal effect. I understand that HOT TROPICS TANNING is relying on this release in agreeing to perform services, and I agree that this release shall be legally binding and that the terms of this release are contractual and not a mere recital.

I have read this release and understand the contents, and I sign this release as my own free act; and I have read and understand the warning statement and receive a copy of the warning statement.

Signature _____ Date _____

If Age 14-17, Parent/Guardian Signature _____ Date _____

I already have a tan. _____