

Organic Airbrush Tanning Consent Form

Last Name: _____ First Name: _____

Today's Date: _____ Phone: _____ Email: _____

How did you learn about us? Internet Facebook Friend Other: _____

- Have you had an airbrush tan or applied a sunless tanner before? YES NO
- List any known allergies: _____
- Do you have any skin conditions? YES NO
- If yes, please list: _____
- Do you have any respiratory illnesses? YES NO
- Are you or could you be pregnant? YES NO
- If yes, do you have permission to tan from your PCP or obstetrician? YES NO
- Are you under a doctor's care presently? YES NO
- If yes, please list the medical condition: _____

The airbrush tanning process has been explained to me and I hereby agree to allow **Haute & Company, LLC dba Haute Skin Spa & Tanning** to apply spray tan solution to my skin using the airbrush tanning process. To my knowledge, I have no medical condition or allergy which would preclude me from having this procedure done. I agree to hold harmless **Haute Skin Spa & Tanning** any medical complications that may arise and I have been advised to discontinue use if any reaction occurs. I understand that the results of airbrush tanning do vary and that no guarantees of specific results are offered or implied. I hereby release this establishment, as well as the airbrush technician, and hold them harmless from any liability involved in the use of or arising during the tanning process.

If for any reason I am dissatisfied with my results, I agree to first contact **Haute Skin Spa & Tanning** and allow them to try and accommodate me and discuss my concern.

I have read and completely understand this consent form.

Print Name: _____ Signature: _____

Date: _____

If I am under the age of 18, and am not accompanied by a parent or legal guardian, my parent or legal guardian has read and understood the above and provided their consent and approval for my tanning session with the signature below.

*Female clients, under the age of 18, must be accompanied by a parent or legal guardian, or have approval using the form below. These customers must also wear a full swimsuit at all times.

Parent or Guardian Name: _____ Signature: _____

Date: _____ Phone Number: _____