

CLIENT HISTORY SHEET AND WAIVER

Name: _____ Nickname: _____

Address: _____

Phone #: _____

Skin: Dry Oily Combination Acne Prone Sensitive

Skin Conditions: _____

Skin Tone: Warm Neutral Cool

Sunscreen Used: Yes No

Pregnant: No Yes/Maybe (Do not spray tan for safety reasons)

Area of Concern on client's skin:

Spray Tan Lasts: 2-4 Days 5-7 Days Over a week

Spray Tan Tone Becomes: Yellow Orange Red Brown

Sunless Products Used Before: Yes No

Type of Sunless Product Used:

Booth Spray Tan Tanning Technician Sunless Lotion Sunless Spray

Reaction (if any): _____

Allergies: _____

Asthma/Respiratory Condition:

Do you wear contacts? : Yes (Remove prior to spray tan) No

Are you over 16? : Yes No D/O/B _____

I have been provided with pre, during, and post spray tan care instructions, which I have read and understand completely. All of my questions and concerns have been addressed. I have been honest and accurate about the information that I have provided on this waiver. I understand that I am taking sole responsibility for any reaction that I may have to the tanning solution, staining to my clothing, and/or personal belongings. I am doing this at my own risk.

Print: _____ Sign: _____

Date: _____ Time: _____