

Tanning Treatment Liability Waiver

Client Name

Date of Birth

Phone/Email

Date

Consent & Acknowledgment

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I understand that tanning treatments involve the application of tanning solution to my skin and results may vary.

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I acknowledge that I have informed the technician of all allergies, medical conditions, or medications that may affect my treatment.

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I understand there are risks associated with tanning treatments, including but not limited to: skin irritation, allergic reaction, or undesired color results.

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I agree to follow all before and aftercare instructions provided to me.

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I release the salon, technicians, and staff from liability should an adverse reaction occur.

Signature

Date