

CONSENT & LIABILITY FORM

PLEASE READ THE FOLLOWING INFORMATION AND ACKNOWLEDGE THAT YOU UNDERSTAND AND ACCEPT ALL PROVISIONS BY SIGNING BELOW. It is our intention to keep you as well informed about tanning as possible. This means informing you how to operate the tanning equipment. The proper procedure to follow in the tanning room will be clearly explained by a member of our staff. Please feel free to ask any questions.

Personal Information

Full Name _____

Place Birth _____

Birth of Date _____

Full Address _____

City/Country _____

Email _____

Phone Number _____

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PLEASE NOTE: IF YOU DO NOT DEVELOP A TAN OUTDOORS, YOU ARE UNLIKELY TO TAN FROM THE USE OF ANY TANNING DEVICE.

This form is an important legal document. It explains the risks you are assuming by voluntarily participating in the use of a tanning bed. It is critical that you read and understand it completely. After you have done so, please print your name and information legibly and sign in the spaces provided at the bottom.

Waiver and Covenant Not to Sue

I have volunteered to use the tanning facilities at Just Be Wellness Studio & Centre (JBWSC). In consideration of Just Be Wellness Studio & Centre's (JBWSC) agreement to instruct, assist, train and have use of their equipment, I do here and forever release, discharge, and hereby hold harmless JBWSC, and their respective agents, heirs, assigns, contractors, and employees from any and all claims, demands, damages, rights of action or cause of action, present or future, arising out of or connected with my participation in this or any other program and activity including any injuries resulting there from.

Assumption of Risk

I recognize that there could be dangers inherent in tanning for some individuals. I acknowledge that the possibility of certain unusual physical changes during tanning does exist. I have been advised of the following risks in connection with my use of the tanning facilities at (JBWSC) or elsewhere. Prior to participation in tanning, it is advised that a full examination be given by my physician.

1. AVOID OVER EXPOSURE. As with natural sunlight, overexposure can cause eye and skin injury and allergic reactions. Repeated Overexposure may cause photoaging of the skin, dryness, wrinkling and in some instances skin cancer. We recommend that you do not tan outdoors on days you are tanning indoors, that you do not tan if you currently have a sunburn and that you, at most, tan only once in a 24 hour period.
2. MEDICAL /PRODUCT INTERACTIONS. Certain Medications, Lotions and other Products may cause your skin to be more sensitive to UV Rays. Check with your physician or pharmacist if you are unsure about any medications you are taking or if you have had a problem with indoor or outdoor tanning in the past.
3. WEAR PROTECTIVE EYE WEAR. Failure to wear protective eyewear may result in severe burn or long-term injury to the eyes.

Acknowledgment and Agreement

In any event, I acknowledge and agree that I assume the risks associated with any and all activities in which I participate.

I acknowledge and agree that no warranties or representations have been made to me regarding the results I will achieve from this program and/or activity.

I understand that results are individual and may vary.

I have read the contents of this consent form carefully and state that I am not aware of any medical condition or other reason that would prohibit me from tanning.

I understand that I will not be allowed to exceed the maximum allowable time posted on the tanning device. I have been given adequate instructions for the proper use of the tanning equipment, 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 might incur due to the use of this facility.

I AGREE THAT I HAVE READ, UNDERSTAND AND AGREE TO BE BOUND BY THE INFORMATION, TERMS AND CONDITIONS LISTED ABOVE.

Signature: _____

Date: _____

Print Name Of Client _____

Witness (Employee) Signature: _____

Date: _____

I HEREBY GIVE MY PERMISSION as parent () guardian () of _____ who is _____ years of age, to tan at this tanning facility. I have read and fully understand this Client Release and Informed Consent Form and hereby agree to accept all of the provisions.

Signature: _____

Date: _____

Print Name of Parent/Guardian: _____