

Tan and Glow LLC Waiver

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____

Email Address _____

Please read, understand and sign the following:

1. Spray tanning is accomplished by application of a solution containing the active ingredient: DHA (Dihydroxyacetone). DHA is considered to be safe and has been FDA approved and in cosmetic use. The solution is sprayed onto the skin manually. This manual method is a much more detailed.
2. What you wear is up to you and your level of comfort. A bathing suit, under garments or nothing is up to you. Avoid wearing silks.
3. The process will take approximately ten (10) to fifteen (15) minutes. After spraying, your skin should be dry before putting your clothes back on. Loose dark clothing is suggested. Other than silks the solution most likely will wash out of clothing. For best results you should not bathe or sweat excessively for 24 hrs. Though this is not likely, 8 hours is definitely recommended.
4. All people are different. All ingredients in the product used in this procedure are intended for cosmetic use and generally regarded as safe. There are, however, occasions where individuals may be allergic to one or more ingredients in the spray tan solution.
5. There is a small parentage of people whose skin does not react favorably to spray tanning. For this reason I do not advise being sprayed for photographic sessions, modeling assignments, etc. until you know how your skin will react to the product.
6. The products Tan and Glow LLC applies does not contain sunscreen and does not protect against sunburn.

I agree to allow Tan and Glow LLC to spray solution to my skin. To my knowledge I am not pregnant, I have no medical condition or allergy which would preclude me from having this procedure done. I agree to hold Tan and Glow LLC harmless of any medical complications that may arise. Tan and Glow LLC cannot and will not give medical advice. You should discontinue use if any reaction occurs.

I have read and completely understand this consent form.

Clients Printed Name:

_____ Date _____

Clients Signature:

Please initial that you have been offered mucus membrane protection and have opted out _____