

SPRAY TAN TANNING CONSENT FORM

I have read all of the pre and post spray tan instructions. I agree to follow each step of recommended care and I acknowledge the importance of these instructions in maintaining a healthy spray tan application. If pregnant or nursing I have consulted my Doctor prior to spray tan appointment.

Date: _____ Full Name: _____

Address: _____

Date of Birth: _____ Contact Number: _____

If under 18 years old I have read to the above. I am the minor's parent or legal guardian and I consent to the mentioned minor receiving the spray tan service.

Name of Minor: _____

Name of Guardian: _____ Signature: _____

Relationship to Minor: _____

Date	Service	Description	Signature of Consent