

## TANNING RELEASE

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

### READ AND SIGN THE FOLLOWING PRECAUTIONS NECESSARY BEFORE TANNING.

1. a. A person who uses a tanning device in this tanning facility must use eye protection. Failure to wear protective eye wear may result in severe burns or long term injury to the eyes. We recommend that you remove contact lens before tanning.
- b. If eye protection is not worn, use of a tanning device in this facility may cause damage to the eyes.
- c. Over exposure to the ultraviolet radiation produced a tanning device in this facility may cause burns. A painful blistering sunburn prior to the age of 18 can significantly increase the risk of skin cancer/melanoma.
- d. Repeated exposure to the ultraviolet radiation produced by the tanning devices in this tanning facility may cause premature aging of the skin, skin thickening, and skin cancer.
- e. Abnormal skin sensitivity to ultraviolet radiation or burning may be caused by certain foods, cosmetics or medication, including but not limited to:
  - Tranquilizers
  - Diuretics
  - Antibiotics
  - High Blood Pressure Medication
  - Birth Control Medication
  - Other photosensitizing agents
- f. An individual who is taking a prescription drug or over the counter drug should consult with a physician before using a tanning device.

*operators, manufacturers, distributors and any governmental agency from any damages that I might incur due to the use of this tanning facility.*

7. *My signature below constitutes my acknowledgment that:*

- 1. *I have read, understand and fully agree to the foregoing consent and release;*
- 2. *The proposed indoor suntanning process has been satisfactorily explained to me and I have all the information I desire and*
- 3. *I hereby give my authorization and consent. This CONSENT shall stand as long as I tan with the West Brownsville Athletic Club.*

*I have read the instructions for proper use of the tanning facilities and do so at my own risk and hereby release the owners, operators, franchiser, or manufacturers from any damage or harm that I might incur from the use of the West Brownsville Athletic Club facilities:*

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Sign Name

Date: \_\_\_\_\_

If under 18 years of age, parent/guardian signature.

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