

THE TANNING RESORT

1655 S. Fry Rd. Katy, Texas 77450
281-578-5599

CLIENT TANNING RECORD

Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

City: _____ State: _____ Zip: _____ E-mail: _____

Skin Type: _____ (Fitzpatrick scale below) DOB: _____ Referred By: _____

****Fitzpatrick scale means the following scale for classifying a skin type, based on the skin's reaction to the first 10 to 45 minutes of sun exposure after the winter season****

Skin Type Sun Burning and Tanning History

- | | |
|-----------------------------------------|---------------------------------------|
| 1 - Always burns easily; never tans | 4 - Burns minimally; always tans well |
| 2 - Always burns easily; tans minimally | 5 - Rarely burns; tans profusely |
| 3 - Burns moderately; tans gradually | 6 - Never burns; deeply pigmented |

Do you have a family history of skin cancer? Yes / No

Do you have a medical history of skin cancer? Yes / No

PLEASE READ THE FOLLOWING CUSTOMER NOTICE:

- (A) Failure to use the eye protection provided to the customer by the tanning facility may result in permanent damage to the eyes;
(B) Overexposure to ultraviolet light causes burns;
(C) Repeated exposure may result in premature aging of the skin and skin cancer;
(D) Abnormal skin sensitivity or burning may be caused by reactions of ultraviolet light to certain:

(i) foods;

(ii) cosmetics; or

(iii) medications, including:

(I) tranquilizers;

(II) diuretics;

(III) antibiotics;

(IV) high blood pressure medicines; or

(V) birth control pills;

(E) Any person taking a prescription or over-the-counter drug should consult a physician before using a tanning device;

(F) Pregnant women should consult their physician(s) before using a tanning device.

(G) A person with skin that always burns easily and never tans should avoid a tanning device; and

(H) A person with a family or past medical history of skin cancer should avoid a tanning device.

For consumers 18 years of age or older: My signature and date acknowledges that I have read and understood the above customer notice and the warning signs posted in the entry area and tanning room(s). In addition, I agree to wear protective eyewear.

SIGNATURE: _____

DATE: _____

For consumers under the age of 18 years of age (parent or legal guardian signature required): My signature and date acknowledges that I have read and understood the warnings given by the tanning facility operator, to include the above customer notice and the warnings posted in the entry area and tanning rooms. I consent to the minor's use of a tanning device and agree that the minor will use protective eyewear. In addition, if the minor is under the age of 16 years, I will remain at the tanning facility while the minor is using a tanning device.

PARENT SIGNATURE: _____ DATE: _____

RELATION TO MINOR: _____ DL # _____

If the minor is under the age of 13, written permission from the minor's physician is also required.

PHYSICIAN & LICENSE #: _____ DATE: _____

For illiterate or visually handicapped persons, the warning statements shall be read by the operator in the presence of a witness. Both the witness and the tanning consultant shall sign and date this document.

TANNING CONSULTANT

SIGNATURE: _____ WITNESS SIGNATURE: _____

TANNING CONSULTANTS INITIALS: _____