



Airbrush Tanning Consent & Release Form

First Name _____ Last
Name _____

Address _____

City, State, Zip Code _____

Home Phone _____ Work Phone _____ Cell
Phone _____

DOB: ____/____/____ Email: _____@_____

How did you hear about us? _____

Have you ever used a self-tanning product before? Y N

Did you have a reaction? Y N

If yes, please explain: _____

Are you pregnant, possibly pregnant or breast-feeding? Y N

I understand that swimming, showering, and/or participating in any vigorous activity that results in sweating can negatively impact the result of my tan if done _____ within 10 hours of session.

I understand that there is a chance of my clothing to be stained, more so if light colored & made of nylon, rather than cotton or linen. _____

In consideration of receiving permission to participate in any activities sponsored by or provided on the premises of AWP, or to utilize or otherwise obtain any services, products or goods offered or sold by, or on the premises of AWP, the receipt of such permission being also acknowledged, each of the undersigned releases AWP, its members, managers, agents, officers, servants, and employees of and from any and all liability, claims, demands, actions and causes of action whatsoever, arising out of or related to any loss, damage, or injury to person or to property (including clothing), including death, that may be sustained by any or each of the undersigned, or any property of any or each of the undersigned, while in or on the premises, or any premises leased to, owned by, sanctioned by, or under the control or supervision of AWP or en route to or from any of the premises.

Each of the undersigned being duly aware of the risks and hazards inherent in entering on the premises and/or in participating in any activities involving AWP, voluntarily and knowingly assume all risks of loss, damage, or injury, including death, that may be sustained by any or each of the undersigned arising from the application of the airbrush tan products.

This release is binding on the undersigned heirs, next of kin, executors, administrators, and personal representatives of each of the undersigned.

Signature _____

Date _____