

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (H): \_\_\_\_ - \_\_\_\_ - \_\_\_\_ (C): \_\_\_\_ - \_\_\_\_ - \_\_\_\_ (W): \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_

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Please answer the following questions to the best of your ability. We will make decisions about your tanning based on these answers.

- 1. Are you tanning for a specific reason? Yes No  
If Yes, what is your tanning goal: \_\_\_\_\_
- 2. Have you tanned indoors before? Yes No
- 3. When did you last tan indoors? \_\_\_\_\_ How long (min)? \_\_\_\_\_
- 4. How often do you tan outdoors? \_\_\_\_\_
- 5. Do you use sunscreen outdoors? Yes No
- 6. Without sunscreen, how long can you tan in the sun? \_\_\_\_\_
- 7. Do you wear sunglasses outdoors? Yes No
- 8. Do you plan to tan in the nude? Yes No
- 9. Are you taking any prescription medications? Yes No  
If Yes, please list them \_\_\_\_\_  
\_\_\_\_\_
- 10. Have you ever had an allergic reaction to sunlight? Yes No
- 11. Have you been diagnosed with or had a skin cancer removed? Yes No
- 12. Is there a history of skin cancer in your family? Yes No
- 13. Have you been diagnosed with cataracts? Yes No
- 14. Are you pregnant? Yes No

I understand that I am required to wear FDA approved protective eyewear while I am tanning. I also understand that I am **NOT** allowed to use any outdoor products in the tanning beds. We reserve the right to inspect any products used in our equipment to determine potential damage that product could cause to our equipment.

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Customer Initials