

Client Registration and Waiver Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Sex: _____ Age (required for service): _____

How did you hear about us (please check all that apply)

- Referral (who) _____
- Advertisement _____
- Web Search _____
- Other (please specify) _____

Do you have any skin issues? If yes, please list: _____

Are there any areas of concern that we should be aware of? _____

Do you have Asthma? YES NO

Do you wear contacts? YES NO

Are you pregnant? YES NO

Neither our company or it's employees and/or agents will be liable for any injuries or skin reactions from the Airbrush Body Bronzing systems or skincare products to any persons during the use of such systems or skincare products at our facilities. No promises or guarantees have been made regarding the results from use of our systems or skincare products. We are not responsible for the loss or theft of any personal property, which each person is responsible for safe guarding.

It is incumbent upon you to inform us of any known allergies or medical issues (including pregnancy). It is recommended that pregnant women consult with their physician prior to being airbrushed. The FDA recommends that clients about to receive a spray tan wear protective eyewear and undergarments, as well as use nose filters and seal the lips with lip balm. People who are using Retin-A or Hydrocortisone should check with their physician before using the Airbrush Body Bronzing system.

I have been informed of the pre and post care of the airbrush I am about to receive. All my questions have been adequately addressed. I have been honest in disclosing all known medical issues. I understand and waive my right to prosecute should there be any adverse reaction to my skin from the Airbrush Body Bronzing system. I take sole responsibility for any damage caused to clothing or other belongings that come in contact with the airbrush solution.

Parental consent is required if you are under the age of 18.

Signature: _____ Date: _____

Signature: _____ Date: _____

(Parent or Legal Guardian)

TECHNICIAN USE:

Skin Level: 1 2 3 4 5

Solution Used: _____

Special Solution Blend Used: _____

Uses Sticky Feet: YES NO

Uses Nose Filters: YES NO

Uses Undergarments: YES NO

Uses Protective Eyewear: YES NO

Uses Lip Balm: YES NO

Activity level (exercise per week): _____

Skin Issues/Areas of Concern: _____

TECHNICIAN NOTES: