

Tech:	Formula:
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## **Airbrush Tanning Disclaimer**

Last Name:	First Name:		Middle Initial:
Address:		City:	
Phone Number:	D.O.B:	Email:	
How did you hear about us:			
What is the occasion for your	airbrush tan today?		<u></u>
What is your ideal shade for to	odav? Light   Medium   Dark	Extra Dark	
Have you ever had an airbrus			
Have you ever used Mystic Ta		oth)? Yes or No	
Do you use at home sunless p			
Skin type: Oily   Dry   Combination			
Your last sunless tan you experience Faded uneven or splotchy between the Face or hands faded quickly Cracking skin during the fading proceed and the fading pro	ne breast ess (usually on the calves)	oply )	
**Please advise your airbrush tan ted	hnician before the session begin	s if you would like a quick	develop solution.
Please read, understand and sign	the following.		
	n doing this at my own risk and agree to in	demnify and hold harmless the fac	derstand that I am responsible for all jewelry, clothing, and cillity and staff where I received the tanning application. We ing with the airbrush tan process:
AQUA, ALOE BARBADENSUS GEL, DIHYDROTHENOL, WHITE TEA EXTRACT, DMDM HYD			CA, WHEAT AMINO ACIDS, COMFREY EXTRACT, PAN- I 6, GREEN 5, YELLOW 5, BLUE 1
WARNING: THIS PRODUCT DOES NOT CONTURE AGING, EVEN IF YOU DON'T BURN.	TAIN SUNSCREENS AND DOES NOT P	ROTECT AGAINST SUNBURN. U	V-EXPOSURE CAN LEAD TO SKIN CANCER AND PREM.
			ear a dark swimsuit or underwear. Spa undergarments may hing. It is also advised to wash the undergarment or clothing
Caution – Pregnant or nursing women should o	onsult their physician before using.		
The FDA has directed that all users of DHA spr sensitive areas including the eyes, lips, mucous		sting DHA. When receiving sunless	s tans containing DHA it may be difficult to avoid exposure to
The FDA and Natural Glow Sunless Tanning Pr	oducts recommend that you take the follo	wing measures to protect against i	ngestion or inhalation during your session by using:
Nose filters Sealing lips with lip balm Using protective eyewear Use of protective undergarments			
Please request the above items from your sunle stance on DHA please visit www.FDA.gov	ess tanning technician. If you have addition	nal concerns, please consult with y	our health care provider To understand the complete FDA
provided on this waiver. I take sole responsibilit	y of any reaction I may have, staining of c our use of our services and facilities. If yo	lothing and/or personal belongings u are aware of any health problem	been honest and accurate about the information that I have so Use of our facilities is at your own risk, and we shall not be us, we urge you to see your doctor before using our facilities this consent form.
Client Signature:			Date:
			ve read and understand the warning given by the tanning er to receive an airbrush tan. Please sign below.

