

# HUMBOLDT ALL-STARS

## CLIENT RELEASE AND INFORMED CONSENT FORM

WE RESERVE THE RIGHT TO REFUSE SERVICE TO ANYONE AT ANY TIME PLEASE READ THE FOLLOWING INFORMATION AND ACKNOWLEDGE THAT YOU UNDERSTAND AND ACCEPT ALL PROVISIONS BY SIGNING BELOW

1. We recommend sensible, moderate and responsible exposure to ultraviolet radiation (UVR).
2. PLEASE FOLLOW ALL INSTRUCTIONS regarding the operation of all tanning equipment. The proper procedure to follow in the tanning room has been clearly explained by the attendant. Please feel free to ask any questions or to voice any concerns that you might have before starting to tan.

IF YOU DO NOT DEVELOP A TAN IN THE SUN, YOU ARE UNLIKELY TO TAN FROM THE USE OF THE TANNING DEVICES AT THIS TANNING SALON.

3. AVOID OVEREXPOSURE. As with natural sunlight, overexposure can cause eye and skin injury and allergic reactions. Repeated overexposure to UVR may cause photo aging of the skin, dryness, wrinkling and (sometimes fatal) non-melanoma skin cancer. We recommend that you do not tan out doors on days you are tanning indoors, do not tan if you have a sunburn, seek medical care if you suffer a severe, painful and blistering sunburn and that you tan no more often than every other day.

4. WEAR PROTECTIVE EYEWEAR. You are required to wear protective eyewear while tanning in our facility. Failure to wear protective eyewear may result in severe burns or long-term injury to the eyes. We recommend that you remove contact lenses before tanning.

I have read the contents of this Client Release and Informed Consent form carefully and state that I am not aware of any medical condition or other reason that would prohibit me from tanning. I understand that I will not be allowed to exceed the maximum allowable time posted on the sun bed. I have been given adequate instructions regarding the proper use of the tanning equipment I will use, understand the risks involved and I do so at my own risk. I hereby agree to release the owners, operators, manufactures, distributors, and any governmental agency from any damages that I might incur due to the use of this tanning facility.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness (Employee signature) \_\_\_\_\_ Date \_\_\_\_\_

Client # \_\_\_\_\_ SPECIAL NEEDS CONSENT \_\_\_\_\_

This informed consent form has been read to an illiterate or visually handicapped person in my presence.

PARENT/  
GUARDIAN: \_\_\_\_\_

I hereby give permission as a parent or guardian of \_\_\_\_\_ who is \_\_\_\_\_ years of age and is my \_\_\_\_\_ to tan at this tanning salon.

I have read and understand this Client Release and Informed Consent Form and agree to accept all of its provisions.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

716 West Cedar Street ~ Suite A ~ Eureka, California 95501  
(707) 268-8500 ~ [www.humboldtallstars.com](http://www.humboldtallstars.com)

