



FIT TO BE TAN
Airbrush Tanning Studio

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Arlington, VA 22201
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Fit to be Tan Release Form

Please print, fill out and return to the Fit to be Tan staff member prior to your Airbrush Tanning Session.

Name: _____ **Date:** _____
Address: _____ **Home:** _____
 _____ **Work:** _____
City, State, Zip: _____ **Cell:** _____
Birthday (mm/dd): _____ **eMail:** _____

How did you hear about Fit to be Tan? Please Circle one of: Google | Bing | Yahoo | Facebook/Twitter | Group Email | Friend | Referral | Brochure | Magazine/Newspaper | TV/Radio | Direct Mailer | Other: _____

Skin type? Please Circle one of: Sensitive | Fair | Medium | Dark | None

Have you ever used a self-tanning product before? **Yes:** _____ **No:** _____

Did you have a reaction? **Yes:** _____ **No:** _____

If Yes, please explain: _____

Do you have any allergies (i.e. Latex, DHA, etc.)? **Yes:** _____ **No:** _____

Are you taking any medications currently? **Yes:** _____ **No:** _____

If Yes, please state the name(s) and reason(s): _____

Release: I fully understand the process of the tanning application and all of my questions have been answered in full. I understand that the tanning specialist may need to assist with body positioning. I hereby release Fit to be Tan of any and all liability. I also understand that results may vary due to elements known and unknown, such as body chemistry, skin conditions and the general overall health of the subject. I acknowledge that Fit to be Tan only refunds customer purchase in the event of technician error, and that damaged tans caused by customer negligence is not the responsibility of the studio. In providing my email address, I acknowledge that Fit to be Tan may send me newsletters or promotional emails but that we will never sell your email to a 3rd party (You may opt-out of email lists at any time).

Today's date: _____

Print Name: _____ **Signature:** _____