

Sample Client Card / Record

(these items must be included)

Name: Tanning Queen
 Address: 12345 Tanning Lane, Tanning, FL 54321
 Phone: 9876543210
 DOB: 01/01/1901

VISIT	DATE	TIME	EXPOSURE TIME	OPERATOR
1	01/05/2005	11:30 am	10 mins	KK Tan
2	01/07/ 2005	1:30 pm	10 mins	Tan Man
3	01/08/2005	2:15 pm	15 mins	Lady Tan
4	01/10/2005	9:45 am	20 mins	Mister Tan

DANGER, ULTRAVIOLET RADIATION

Follow these instructions:

1. Avoid frequent or lengthy exposure. As with natural sunlight, exposure can cause eye and skin injury or allergic reactions. Repeated exposure can cause chronic sun damage characterized by wrinkling, dryness, fragility and bruising of the skin or skin cancer.
2. Wear protective eyewear. FAILURE TO USE PROTECTIVE EYEWEAR CAN RESULT IN SEVERE BURNS OR LONG-TERM INJURY TO THE EYES.
3. Ultraviolet radiation from sunlamps will aggravate the effects of the sun. Therefore, do not sunbathe before or after exposure to ultraviolet radiation.
4. Using medications or cosmetics can increase your sensitivity to ultraviolet radiation. Consult a physician before using a sunlamp if you are using medications, have a history of skin problems, or believe you are especially sensitive to sunlight. Women who are pregnant or on birth control who use this product can develop discolored skin. IF YOU DO NOT TAN IN THE SUN YOU WILL NOT TAN BY USING THIS DEVICE.
5. Any person who takes a prescription or over-the-counter medication should consult a physician before using a tanning device.
6. This facility does not carry liability insurance for injuries caused by tanning devices **OR** This facility carries liability insurance in the amount of \$-----.

I have read and understand the warning statement and I agree to wear protective eyewear.

Client Signature _____ Date _____

Parent / Guardian Signature _____ Date _____
 (if under 18)