

SPRAY TAN CONSENT FORM

Business Name: _____

Date: _____

Consent form for spray tanning services covering DHA exposure, skin sensitivities, and pre/post-care instructions.

** Required fields*

Full Name *

Jane Doe

Email *

jane@email.com

Phone Number *

(555) 123-4567

Date of Birth *

Spray tan shade *

Options: Light / Medium / Dark / Extra Dark / Custom blend

Have you had a spray tan before? *

Options: Yes / No

Any allergies to DHA, bronzers, or fragrances?

Any skin conditions?

Eczema, psoriasis, open wounds...

Are you pregnant or nursing? *

Options: Yes / No / N/A

I understand spray tan doesn't provide UV protection *

I have followed pre-tan preparation instructions *

Client Signature *

Sign here

Date: _____

CONSENT / WAIVER

I consent to receive a spray tan application using products containing dihydroxyacetone (DHA). I understand that: results vary based on skin type and preparation; spray tanning does NOT provide UV protection; I should avoid moisture for 8-12 hours post-application; and allergic reactions are rare but possible. I have disclosed all skin conditions and allergies. I release the provider from liability for uneven results due to improper preparation or aftercare.

Client Signature: _____

Date: _____

Print Name: _____