

Tanning History & Consent

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: (_____) _____ WORK PHONE: (_____) _____

EMAIL: _____

PLEASE READ AND SIGN THE FOLLOWING PRECAUTIONS NECESSARY BEFORE TANNING.

1. Any person using any tanning device in this facility must use proper eye protection. If eye protection is not worn, use of the tanning device may cause damage to eyes.
2. Overexposure to ultraviolet radiation may cause burns.
3. Repeated exposure to ultraviolet radiation may cause premature aging of the skin and skin cancer.
4. Abnormal skin sensitivity to ultraviolet radiation or burning may be caused by certain foods, cosmetics or medications. Any person taking a prescription drug or over-the-counter drug should consult a physician before using tanning device.
5. A person sixteen to seventeen (16-17) years of age may not use a tanning device in this facility unless the parent or legal Guardian has signed this History & Consent Form. This form must be signed and witnessed by an operator of this facility.
6. Wisconsin State Law states that no one under the age of 16 is permitted to use tanning devices. Innovative Health & Fitness abides by that law.

Waiver of Claims

It is understood and agreed that the signed individual shall not bring or be brought to any action due to personal injury or property damage that might result from the signed individual's participation in any activity or service, which may include, but not limited to exercise, workout, dance or class as maybe liberally interpreted, whether under the supervision of any Innovative Health & Fitness instructor or by the signed individual's own direction. To restate, the signed individual agrees to accept full responsibility and to hold harmless Innovative Health & Fitness and/or any and all persons employed by or contracted by Innovative Health & Fitness.

It is understood and agreed that the signed individual must report immediately to Innovative staff and/or exercise instructors, any health condition, which may include, but not limited to body injuries, defects, miscarriages, current pregnancy, knee problems, back or joint problems, activity or service, which may include, but not limited to exercise, workout, dance or class or be allowed to remain in any activity, which may include, but not limited to exercise, workout, dance or class. Any failure to make public any of the aforementioned conditions shall be the sole responsibility of the signed individual.

Member/Participant Signature

Date

Member/Participant Print Name