



Transformations

400 Mill Street
Historic Bristol, PA 19007
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AIRBRUSH TANNING CONSENT FORM

Today's Date: _____ Date of Birth: _____
Last Name: _____ First Name: _____
Address: _____ City, State, & Zip: _____
Home Phone: _____ Cell Phone: _____
Email: _____

How did you learn about us? Internet Facebook Flyer Brochure Friend Other: _____

Have you had an airbrush tan or applied a sunless tanner before? yes no

List any known allergies: _____

Any allergies related to Dihydroxyacetone (DHA)? yes no

Do you have any skin conditions? yes no

If yes, please list: _____

Do you have any respiratory illnesses? yes no

Are you or could you be pregnant? yes no

If yes, do you have permission to tan from your PCP or obstetrician? yes no

Are you under a doctor's care presently? yes no

If yes, please list the medical condition: _____

Please read and sign the following:

DHA is listed in the Food, Drug, and Cosmetic Act (FD&C Act) as a color additive for use in imparting color to the human body. However, its use in cosmetics – including sunless "tanning" products – is restricted to external application. According to Code of Federal Regulations (CFR), "externally applied" cosmetics are those "applied only to external parts of the body and not to the lips or any body surface covered by mucous membrane" (21 CFR 70.3v). [FD&C Act, Sec. 721; 21 U.S.C. 379e; 21 CFR Parts 70 and 80]

DHA reacts with the skin's amino acids resulting in a "tan" similar looking to that from the sun. The darker you can tan naturally, the darker you can tan with an airbrush tan. All ingredients in the product used in this procedure are intended for cosmetic use and are generally regarded as safe. Like most cosmetics, avoid exposure to the eyes, lips, and other parts of the body covered with a mucous membrane. This should be accomplished by following the staff's breathing instructions as to avoid inhaling or ingesting the sunless product and/or by applying a barrier cream.

Be advised there may be a small percentage of individuals whose skin does not react favorably to airbrush tanning. There are occasions where individuals may be allergic to one or more ingredients in the solution. If this occurs, shower and discontinue use. If severe reaction occurs, contact a physician. You may ask to see the ingredients prior to application. Some medications such as birth control pills, hormone replacement medications, or antibiotics may alter your tan. Please consult with your technician if you have any questions.

Your airbrush tan should last 5-10 days, depending on your skin type and how well you take care of your sunless tan. It's very important to keep your skin moisturized after application, avoiding long baths or showers and hot tubs. Salt water exposure or a chlorinated pool can also shorten your tan. Following the session, please avoid tight clothes, excessive perspiring, leather seats, and do not shower for at least 8-12 hours. Letting the solution stay on overnight without showering is recommended. Some fabrics may be



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stained by the airbrush tanning solution - please use caution and care. Be advised, we do NOT advise being airbrushed for photographic sessions, modeling assignments, weddings, etc. unless you have had a trial airbrush session with us.

WARNING – This product does not contain a sunscreen and does not protect against sunburn. Repeated exposure of unprotected skin may increase the risk of skin aging, skin cancer, and other harmful effects to the skin even if you do not burn.

I have read the contents of this consent form carefully and state that I am not aware of any medical condition, allergies, or other reason that would prohibit me from airbrush tanning. I have been given adequate instructions for the proper use of the sunless application, understand the risks involved, and allow it to be used at my own risk. I have been advised to discontinue use if any adverse reaction occurs.

I do here and forever release, discharge, and hereby hold harmless PTT and their respective agents, heirs, assigns, contractors, and employees from any and all claims, demands, damages, rights of action, or cause of action, present or future, arising out of or connected with my participation in this activity, including any injuries resulting there from. I acknowledge and agree that no warranties or representations have been made to me regarding the results I will achieve from this activity. I understand that results are individual and may vary.

Please Print Legibly

Participant’s Full Name: _____ Date of Birth: _____

Address: _____ City, State & Zip: _____

Participant’s Email: _____ Phone: _____

Participant’s Signature: _____ Date: _____

CONSENT AND RELEASE ON BEHALF OF MINOR - MUST BE COMPLETED FOR ALL PARTICIPANTS UNDER 18 YEAR OF AGE

I am the parent and/or legal guardian of the above-named minor. I have read and understand this consent form involves surrendering valuable legal rights of the minor and myself. I agree to be bound by all terms of this consent form. I also give my consent to the participation in this activity by the above-named minor.

Guardian’s Printed Name: _____

Address: _____ City, State & Zip: _____

Guardian’s Email: _____ Phone: _____

Guardian’s Signature: _____ Date: _____

A copy has been offered and Accepted Declined

PTT Staff Initials: _____