

Massage 309  
Airbrush Tanning - Client Intake Form

Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email address \_\_\_\_\_

Cell Phone number \_\_\_\_\_

Emergency Contact Name/Number \_\_\_\_\_

Have you ever received a Spray Tan before? Yes \_\_\_\_\_ No \_\_\_\_\_

Skin Type? Fair \_\_\_\_\_ Medium \_\_\_\_\_ Dark \_\_\_\_\_

Allergies?

\_\_\_\_\_

Skin Problems?

\_\_\_\_\_

For pregnant or nursing mothers: By signing below, I agree that I have consulted and received permission from my physician to receive Airbrush Tanning.

Minors under the age of 18 must have written parental consent in order to receive Airbrush Tanning.

I understand that the development and lifetime of my Airbrush Tan is largely dependent on my compliance to the suggested preparations and post-tan aftercare tips, and have had an opportunity to ask my technician any questions that I may have. I understand that Massage 309 is not responsible for any adverse reactions (blotchiness, streaking, etc.) or premature fading if I do not follow these recommendations.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Technician: \_\_\_\_\_