

Spray Tan

Client Consent Form

Full Name

Date of Birth

Contact Number

Email Address

Instagram (optional)

How Did You Hear About Me?

I attest that I do not have any known allergies and if I do, I have read the ingredients list for all products that are to be used on me.

I Agree I Disagree

I attest that I do not have any skin conditions and if I do, I have consulted a medical professional before receiving a spray tan.

I Agree I Disagree

I attest that I do not have any respiratory conditions and if I do, I have consulted a medical professional before receiving a spray tan.

I Agree I Disagree

I attest that I am not pregnant and if I am, I have consulted a medical professional before receiving a spray tan.

I Agree I Disagree

I attest that I am not under a doctor's care and if I am, I have medical clearance to receive a spray tan.

I Agree I Disagree

I received and have followed all prep instructions given to me by the spray tan technician and take responsibility for any imperfections to the final result caused by not following these instructions.

I Agree

I Disagree

Signed _____ Date _____

Technician Use

Client's Darkness Level Preference

Light/Medium/Dark/Extra Dark

DHA Percentage Used:

6% / 8% / 10% / 11% / 12%

Bronzer Base Used:

Green / Violet / Blue

Extras Used:

Finishing Powder / DHA Drops / pH Spray / Other

Please Specify: