Bella Pelle BODY BRONZE Products Inc.

Client Consultation & Waiver for Sunless Tanning Treatment

Name: E1	nail:
Have you ever used a self-tanner with a bronzer?	YN
Have you ever had any skin reactions from a self-tanner? Please describe	Y N
Have you ever been professionally sprayed with a sunless tanning Mystic Professional Airbrush Other	
Do you have Allergies? If so, are any related to Dihydroxyacetone	e (DHA)? YN
Do you have any skin conditions that may be of concern? List	Y N
Do you have any respiratory illness that may be of concern? (Applicable to airbrush tanning only) List	Y N
Do you wear contact lenses? (Contact lenses should be removed before spraying)	Y N
Are you Pregnant? (We do not spray women that are pregnant, however we recomm by employee)	Y N end the Self-Tanning lotion application, which can be applied
PLEASE NOTE: All Men MUST wear Boxers or Swim Trunks that you agree to these terms.	inless there is a male employee available to spray. Please initial
I understand that I am responsible for all jewelry, clothing and acapplication or airbrush tan. I understand I do not hold anyone b responsibility for any kind of allergic reaction I might have to thit treatment at my own risk.	ut myself responsible for any of these items. I assume
I have read all of the instructions about my Airbrush Tanning Sector my knowledge.	ssion and understand completely. All information is accurate
Signature	Date
Thank you for taking the time to complete this form and please any concerns you may have to assure the best RESULTS for your	feel free to ask our care consultants any questions or express