

Spray Tan & Airbrush Tanning Consent

Consent and intake form for airbrush and booth spray tanning services

Client Information

First Name *

Last Name *

Email Address *

Phone Number *

Date of Birth *

MM / DD / YYYY

Service Details

Spray Tan Type *

☐ Airbrush (hand-applied by technician) ☐ Automated Booth

Desired Shade *

☐ Light / Natural glow

☐ Medium / Sun-kissed

☐ Dark / Deep bronze

☐ Custom / Technician's recommendation

Is this your first spray tan? *

☐ Yes ☐ No

Is this for a special event (wedding, photoshoot, etc.)?

☐ Yes ☐ No

Health Screening

Are you currently pregnant? *

☐ Yes ☐ No

Do you have any known allergies to DHA, fragrances, or bronzing products? *

☐ Yes ☐ No ☐ Unsure

If yes, please describe

Do you have any of the following?

☐ Eczema or dermatitis

☐ Psoriasis

☐ Open wounds or cuts

☐ Current sunburn

☐ None of the above

Do you have asthma or respiratory sensitivities? *

☐ Yes ☐ No

Preparation & Aftercare

Before Your Spray Tan:

- Exfoliate and shave 24 hours before your appointment
- Do not apply moisturizer, deodorant, or perfume on the day of your tan
- Wear loose, dark clothing to your appointment
- Remove all jewelry

After Your Spray Tan:

- Do not shower, sweat, or get wet for 8-12 hours (or as directed)
- Avoid tight clothing, bras, and socks for the development period
- Pat dry after your first shower — do not rub
- Moisturize daily to extend the life of your tan
- Avoid chlorine, salt water, and exfoliating products
- Your tan will last approximately 5-10 days

I understand the preparation and aftercare requirements for my spray tan.

I have read the preparation and aftercare instructions: _____

Consent & Signature

I consent to the spray tan service described above. I have disclosed all relevant health information. I understand that results vary and depend on skin type, preparation, and aftercare. I will not hold the technician responsible for uneven results due to improper preparation.

I confirm I have read and understood the above information and give my informed consent.

I have read and understand the above information: _____

Signature

Date

Print name

Date *

MM / DD / YYYY

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