



1427141 Ontario Inc ( Operating as Bel-O-Sol Tanning Salon )

Office Use Only

# Membership Form

FREE MEMBERSHIP

Client # \_\_\_\_\_

Employee \_\_\_\_\_

Name ( Print Clearly ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone ( Home ): (     ) \_\_\_\_\_ - \_\_\_\_\_ Cell : (     ) \_\_\_\_\_ - \_\_\_\_\_

Birth date (M/D/Y): \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ (Must be 18+ to use U.V . Proper Photo I.D required for those under 25)

E-mail Address: \_\_\_\_\_

Skin Type: [Fair] [Light] [Medium] [Dark] [Very Dark]

Sex: [Male] [Female]

Are you: Spray Tanning [   ] U.V Tanning [   ]

### How did you hear about us:

[Google Maps] [Google Search] [ Yellow Pages | YellowPages.ca] [Business Card] [ Staff Referral] [ Saw our Sign]

[Friend/Family/Repeat Cst] [Drove By] [Online Promo] [Other Internet] \_\_\_\_\_:rehtO ↑

Referred By ? \_\_\_\_\_

Reasons for Tanning: [ Medical Purposes] [ Healthy Appearance] [ Relaxation] [Base Tan for Vacation]

*The following questions are necessary so that we may better serve you and are for your own benefit.*

- Do you tan easily? oN ↑ seY ↑
- Do you regularly go into the sun? oN ↑ seY ↑
- Do you have a tendency to burn? oN ↑ seY ↑
- Do you have any know allergies to sunlight? oN ↑ seY ↑
- Have you ever suffered a major sunburn? oN ↑ seY ↑
- Have you ever been advised by a physician to stay out of the sun? oN ↑ seY ↑
- Are you currently taking medication? oN ↑ seY ↑
- Are you aware that some medications may make you sun sensitive? oN ↑ seY ↑
- Have you ever used a tanning bed before? oN ↑ seY ↑
- What type of bed was it? \_\_\_\_\_
- Have you ever suffered a sunburn from a tanning bed? oN ↑ seY ↑
- Do you wear contact lens? *If yes, please remove them prior to tanning* oN ↑ seY ↑

I, (the customer) agree to hold Bel-O-Sol Tanning Salon (operating under 1427141 Ontario Inc) its employees, agents, officers, directors, shareholders and contractors not responsible for any injury to person or property in any way caused by the premises, equipment and/or services.

The customer acknowledges that it has been provided the opportunity to obtain medical advice from his or her physician regarding the health risks associated with services provided by Bel-O-Sol.

The customer acknowledges that Bel-O-Sol shall not be liable for any injury caused by the customer's sensitivity to services provided by Bel-O-Sol. Bel-O-Sol is not liable for the loss or theft of any personal property.

I agree that the customer shall refrain and stop from receiving services from Bel-O-Sol when the customer has or suffers from skin irritation, allergic reaction, biological infection, wounds and burns.

I agree to use eye and all other medically prescribed or recommended protection at all times while using the tanning devices and agree that I have received advice from my physician regarding the effects of using such devices.

I agree to notify the staff of Bel-O-Sol of any medication, medical condition, sensitivity, allergy, infection, burns or wounds I might now possess take or have now or in the future. **I agree to use protective eye wear at all times when using the tanning equipment.** Not wearing eye protection may damage the eyes

Please note, we may discard your stored lotion/goggles 16 months after your last visit.

**Tanning minutes, packages, and Versa Spa packages expire after 365 days from purchase.**

By signing below, you're agreeing that you are aware of the risks associated with U.V exposure and that you're tanning at your own risk.

Signature

Print Name

Date