

HOLD HARMLESS AGREEMENT

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Res. Phone: _____ Business Phone: _____

The following questions are necessary so that we may better serve you. Each question **MUST** be answered **HONESTLY**.

- | | | | |
|----|---|-----|----|
| 1. | Do you tan easily? | Yes | No |
| 2. | Do you regularly go into the sun? | Yes | No |
| 3. | Do you have a tendency to burn? | Yes | No |
| 4. | Do you have any known allergies to sunlight? | Yes | No |
| 5. | Have you ever suffered a major sunburn? | Yes | No |
| 6. | Have you ever been advised by a physician to stay out of the sun? | Yes | No |
| 7. | If so, what was the reason _____ | | |

- | | | | |
|----|--|------------------------|----|
| 8. | Are you taking any medication that would cause sensitivity to sunlight? (Please review list below) | Yes | No |
| | ANTIMICROBIAL AGENTS | OTHER DRUGS | |
| | Tetracyclines, espec. Demeolocyline | Phenothiazines, espec. | |
| | | Chlorpromazine | |
| | Sulfonamides, espec. Sulfanilamide | Thiazides | |
| | Griseiofulvin | Psoralens | |
| | Halogenated salicylanilides | Sulfonylureas | |

OTHERS

Oral Contraceptives, Sunscreens, Tar,
Cosmetics (due to presence of eosin, psoralens, or antimicrobial agents)

Precautions are necessary for safe tanning. I agree that I will comply with all instructions on the use of the system and that I am using these services at my own risk, and protecting my vision by using the goggles provided. It is understood that repeated exposure may cause premature aging of the skin and skin cancer.

We and our employees and agents are not liable for any injury to person or property caused in any way by the use of its services or its premises. Also, they are not liable for the loss or theft of any personal property. Each person is responsible for safeguarding his or her own property.

I am over the age of majority and declare that I am free and competent to sign this release.

WRITE: "I HAVE READ THE ABOVE" _____

Signature: _____ Date: _____

BROKER CONTACT INFORMATION			
Agent Name:		Address:	
Broker Name:		City:	
E-Mail:		Province:	
Phone:		Postal Code:	
Fax:			