

VITALITY CENTER

360 City Centre,
Kitimat, BC V8C-1T6
(250) 632-2289

Name: _____
Address: _____
City: _____ Postal Code: _____
Res: ph# _____ Cell: ph# _____
Email _____

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 tan regularly | 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 the sunlight
(please review the list below) | YES/NO |

ANTIMIROBIAL AGENTS

Tetracyclines, especially Demeolocycline
Sulonamides, especially Sulfanilaamide
Griselofluvin
Halogenated Salicylanllides

OTHER DRUGS

PhenothiazineS especially
chlorpromazine, Thiazides
Psoralens
Sulfonyureas

OTHERS

Oral contraceptives, sunscreens, Tar cosmetics (due to the presence of eosin, psoralens,
or microbial 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. It is understood that repeated exposure may cause premature aging of the skin and skin cancer. Our employees and we are not liable for any injury to person or property caused in anyway by the use of it's services or it's premises. Also, they are not liable for loss and theft of any personal property. Each person is responsible for guarding his or her own property.

I am over the age of majority and declare that I am free and competent to sign this release
I HAVE READ AND UNDERSTAND THE ABOVE IN IT'S INTIRERTY

Signature _____

Date _____

Signature of Parent/ Guardian(if under age of majority) _____