

You have purchased one or more Wellfit Skincare treatments. To help achieve your desired results, please read and sign the following material carefully.

1. For best results, wait 4-6 hours after your treatment before showering or engaging in any activity that will cause you to perspire. This will allow your treatment to take effect and will ensure the longest results.
2. The spray booth is designed to provide as even coverage as possible. However, users will be different heights and shapes, and may stand in different positions.
3. All of the components of the Wellfit Skincare solution have been used in cosmetics for decades and have proven to be safe for the skin. If you have ever had any adverse effects utilizing skincare products, consult a healthcare professional before using the product.
4. If you have any history of asthma or a respiratory condition consult a physician before receiving a treatment and do not use if you have had any past allergic reactions to skincare products.
5. I, the undersigned, understand and will comply with all instructions for proper use of the Wellfit Skincare treatment service. I am using these services at my own discretion.

I hereby relieve _____ and hold them harmless from any liability involved in the use of the skincare treatment process. The salons and their agents or employees are not liable for any injury to person or property or the loss or theft of any personal property. I know that this facility does not carry liability insurance for injuries caused by spray devices. I will not tamper with the spray device. I have been made aware that the salon reserves the right to cancel package without reimbursement for customers who are verbally abusive, act in an inappropriate behavior, do not adhere to the salon rules, and/or act in a destructive or harmful manner. I understand that packages are sold on a per person basis and are not sharable or transferable.

ALL SALES ARE FINAL. I have read the above conditions and information on the VersaSpa spray tan service.

Signature _____

Date _____ Print Name _____

V10/18