

New Jersey Department of Health
Consumer, Environmental and Occupational Health Service
Public Health Sanitation and Safety Program
PO Box 369
Trenton, NJ 08625-0369

WARNING STATEMENT AND TANNING AUTHORIZATION
(AUTHORITY: N.J.S.A. 26:2D-81 et seq., particularly 26:2D-88)

Please read the following information and acknowledge that you understand and accept all provisions by signing below:

DANGER – ULTRAVIOLET RADIATION

- **Follow instructions.**
- **As with natural sunlight, overexposure may cause eye and skin injury and allergic reactions. Repeated overexposure may cause premature aging of the skin and/or skin cancer.**
- **Wear Food and Drug Administration compliant protective eyewear. Failure to use protective eyewear may result in severe burns and/or long-term injury to the eyes.**
- **Medications or cosmetics may increase your sensitivity to the ultraviolet radiation. Consult a physician before using sunlamp indoor tanning beds or booths if you are pregnant, using medications or have a history of skin problems or believe yourself especially sensitive to sunlight.**
- **If you do not tan in the sun, you are unlikely to tan from the use of this product.**
- **If you believe that you have been injured by this tanning equipment, you should contact: New Jersey Department of Health, Consumer, Environmental and Occupational Health Service, PO Box 369, Trenton, NJ 08625-0369, Telephone Number: 609-588-3124.**

I have read the contents of this form carefully and state the following:

- I do not have any medical condition or take any medication that would prohibit me from tanning.
- The operator has reviewed the photosensitizing agent list with me, pursuant to N.J.A.C. 8:28-3.7(c)1, and I had the opportunity to ask questions.
- I have been given a skin phototype evaluation by the tanning facility operator, and I am **NOT** in skin phototype **CLASS I**. That is, I am capable of tanning outdoors in the sun without burning.
- I understand that I will not be permitted to exceed the maximum allowable exposure time posted on the tanning device for my skin phototype.
- I have been given adequate instructions for the proper use of the tanning equipment and I understand the risks involved.
- I agree to wear FDA compliant protective eyewear at all times when tanning.
- I attest that I am at least 14 years of age and, if under 18 years of age, I have been given permission to tan from my parent or legal guardian.
- I attest that I have provided accurate age and identity verification.

Name of Consumer (<i>Print</i>)	Age of Consumer
Signature of Consumer	Date

**WARNING STATEMENT AND TANNING AUTHORIZATION
(Continued)**

TO BE COMPLETED BY PARENT/LEGAL GUARDIAN

As parent or legal guardian for the above consumer – a minor at least 14 years of age but less than 18 years of age – I acknowledge that I have read and understood the safety standards and warnings provided to me by the tanning facility operator and thereby authorize the consumer named above to tan using a sunlamp product. I attest that I have provided accurate age, identity and relationship verification.

Name of Parent/Legal Guardian (<i>Print</i>)	Relationship <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian
Signature of Parent/Legal Guardian	Date

TO BE COMPLETED BY TANNING FACILITY OPERATOR

Name of Tanning Facility Operator (<i>Print</i>)	
Signature of Operator	Date

For illiterate or visually impaired consumers, I attest that I have read the above warning statement to the consumer, who subsequently acknowledged his or her understanding and consent.

Name of Tanning Facility Operator (<i>Print</i>)	
Signature of Operator	Date

NOTE:

A copy of this signed and dated statement shall be provided to the consumer, or the consumer's parent or legal guardian when required, and a copy shall be retained by the tanning facility in the consumer's record with the corresponding identification and age documentation.