



## TANNING AGREEMENT

Name \_\_\_\_\_

Member number \_\_\_\_\_

Thank you for choosing Anytime Fitness tanning program. Please read the following carefully.

1. Have you ever been to a tanning salon? Y N

If you answer yes to any of the following questions, you must provide a doctor's note before Anytime Fitness can allow you to tan.

2. Are you allergic to sunlight? Y N  
3. Have you been advised by a physician to stay out of the sun? Y N  
4. Are you taking medication that would cause sensitivity to sunlight? Y N

By signing this Agreement, you hereby assume all risks associated with the Anytime Fitness tanning activity and hereby knowingly and voluntarily waive any and all claims and causes of action against Anytime Fitness, its employees, representatives, and agents arising from any injuries sustained during or in connection with the use of these tanning beds.

Club Representative \_\_\_\_\_

Member Signature \_\_\_\_\_ Date \_\_\_\_\_