



## Float Consent Form

(Must be read, understood thoroughly and signed before using the facilities.)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name & #: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Float therapy provides a deep state of relaxation that stimulates blood flow through all of your body's tissues and releases natural endorphins. Float therapy also allows the brain to give off alpha waves associated with relaxation and meditation. To ensure a comfortable, clean and safe Float therapy experience, I agree to the following. Each statement must be read completely and initialed:

\_\_\_ I understand that I cannot use the Float Pod if I am under the influence of alcohol or illegal drugs.

\_\_\_ If I have a history of heart disease or blackouts I understand that I need written consent from my physician to use the Float Pod.

\_\_\_ I do not suffer from uncontrolled seizures or epilepsy.

\_\_\_ I do not have any communicable or infectious diseases, illnesses, or skin disorders.

\_\_\_ I do not have a condition and am not medicated in any manner which may be adversely affected by deep relaxation and/or immersion in magnesium sulfate (Epsom salt) water solution.

\_\_\_ If I have diabetes, High or Low Blood Pressure, etc. I am under medication and monitored by a physician so that I can safely use the Float Pod.

\_\_\_ I do not have a kidney disease.

\_\_\_ I understand that Bloom cannot provide medical treatment. In the event I experience a medical emergency, I authorize Bloom. to call emergency medical staff &/or my emergency contact on my behalf.

\_\_\_ I have not had my hair colored in the last 14 days

\_\_\_ I understand that if I contaminate the water in the Float Pod in any way (ie. conditioner, hair color, spray tan, body fluids, etc.) **I will be held financially responsible for draining and replacement of the water, Epsom salt and special cleaning services (up to \$800).**

\_\_\_ If I am pregnant, I have consulted with and have permission from my physician to use the Float Pod.

\_\_\_ I understand that using a tanning bed or shaving within 24 hours of my float session may cause skin irritation.

\_\_\_ Before entering the Float Pod, I will shower thoroughly to remove natural body oils and skin and hair products.

\_\_\_ After exiting the Float Pod, I will shower thoroughly to rinse the salt from my hair and body.

(Continue to next page)

\_\_\_\_I am choosing to use the Float Pods at Bloom of my own free will and agree not to hold the facility, operators or owners of Bloom. liable for any injury to myself or loss of personal items.

\_\_\_\_I will use great caution while entering and exiting the Float Pod and the entire time I am in the facility. Even though mats are provided and the staff maintains a clean and safe environment to the best of their ability, I understand that there is still a risk of wet and slippery surfaces.

\_\_\_\_I understand that the Float Pods use: Pharmaceutical grade Epsom salt, Ultraviolet sterilization system, Natural enzymes and non-toxic biodegradable cleaning products, Hydrogen peroxide, and Ozone

\_\_\_\_**24 Hour Cancellation Policy:** When I make an appointment I agree our time is precious together and reserved especially for me. I will cancel 24 hours in advance unless there is an emergency.

I further understand that each individual may have a unique experience. I will be given an orientation which will familiarize me with the safe and appropriate use of the Float Pod. I agree to take full responsibility for my thoughts and actions while in the Float Pod and understand that all agreements made herein shall apply to each and every visit to Bloom and every time I use their Float Pods.

I hereby agree to irrevocably release and waive any claims that I have now or may have hereafter against Bloom and its owners, agents and staff. I have read, fully understand and agree to the above terms of this liability Waiver & Release Agreement. I am signing this agreement voluntarily and recognize that my signature serves as a complete and unconditional release of all liability to the greatest extent allowed by law in the State of Texas.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IF THE CLIENT IS UNDER 18 YEARS OF AGE:**

As Parent/Legal Guardian of the above listed Client, I acknowledge that I have read and understood the safety standards and warnings provided to me by Bloom and thereby authorize the person named above to participate in infrared sauna sessions. I acknowledge that I have read and completely understand this consent form, and agree to the above waivers of liability, recommendations and terms. I attest that I have provided accurate age, identity and relationship verification.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

