



Waiver and Release Agreement For Floatation Therapy

Name: _____ Birthdate: _____ Gender: M/F

Address: _____

City/State: _____ Zip Code: _____

Phone: _____ Email: _____

How did you hear about us: _____

Who may we thank for referring you: _____

What do you hope to improve/accomplish with floating: (Circle all that apply)

- Energy
- Pain Relief
- Meditation
- Creativity
- Stress Relief
- Lower Blood Pressure
- Personal Growth
- Anxiety
- Depression
- Eating Habits
- Headaches/Migraines
- ADD/ADHD
- Physical Therapy
- Motivation
- PTSD
- Fibromyalgia
- Sleep Quality
- Athletic Recovery
- Pregnancy Relief
- Injury Treatment
- Immune System

We want you to have an enjoyable and safe experience with us at Abundant Health Day Spa. Floatation Therapy provides a deep state of relaxation, stimulating blood flow through the body, releasing natural endorphins and brain wave transition to a meditative state.

By initializing initialing each of the following terms, I agree that:

- _____ I do not have any communicable diseases, illnesses, or infectious skin disorders or conditions.
- _____ I will shower thoroughly to eliminate any oils, creams, or makeup on my body
- _____ I have not had a spray tan or any type of hair color/treatment within the last 10 days.
- _____ I am not currently under the influence of drugs or alcohol
- _____ I do not have a condition for which I am prescribed medication which may be adversely affected by profound relaxation and/or immersion in concentrated Magnesium Sulfate (Epsom Salt) water.
- _____ I do not have a history of uncontrolled high blood pressure or heart disease.
- _____ I do not have uncontrolled diabetes.
- _____ I do not have Kidney disease and/or I do not receive medical treatment for kidney failure including but not limited to kidney dialysis.
- _____ I do not have epilepsy or a history of seizures.
- _____ I am not pregnant.
- _____ I have provided Doctor's permission for any conditions noted above.
- _____ I am not susceptible to ear infections/ear aches.

_____ I understand that the floatation tank uses pharmaceutical grade Epsom Salts, an ultraviolet sterilization system, natural enzymes and non-toxic biodegradable cleaning products, and hydrogen peroxide. I hereby agree that I do not have any allergies to the aforementioned and I do not have a medical condition which may cause and adverse reaction to Floatation Therapy.

_____ I agree that each individual float session will result in a unique experience and Abundant Health Day Spa cannot guarantee a specific or certain experience. I have received an orientation which familiarizes me with the safe use of a floatation tank.

_____ I understand that the Float Pods are cleaned and tested after each float session and maintained to meet or exceed the standards set forth by the Florida Department of Health. **Contamination of the pod water and/or facilities with outside products, bodily fluids, hair dyes, tanning products, etc. may result in a financial responsibility of \$1000.**

_____ I hereby waive and release Abundant Health Day Spa for any and all liability for my actions while in the floatation tank. I agree to irrevocably release and waive any and all claims that I have now or may have hereunder against Abundant Health Day Spa, it's employees and agents. This waiver and release agreement and the terms and conditions herein shall apply to each and every use of the floatation tank.

I have read fully and understand the terms and conditions of this waiver and release agreement. My signature below indicates my consent and understanding of this waiver and release agreement and I intend to be bound by this waiver and release agreement. My signature below indicates that I am entering into this waiver and release agreement voluntarily and that I recognize that this waiver and release agreement serves as a complete and unconditional release of all liability to the extent allowed under the laws of the state of Florida.

Signature

Date

Printed Name (parent if under 18)

Parental Signature (if under 18)