**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 Float and Day Spa. Flotation 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 (ten)

 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 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 my Doctor’s permission for any conditions noted above.

\_\_\_\_\_\_I am not susceptible to ear infections/earaches.

\_\_\_\_\_\_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 Float and Day Spa cannot guarantee a specific or certain experience.

\_\_\_\_\_\_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 Float and 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 Float and 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)**