Waiver and Release Agreement For Float Therapy

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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 Immune System Fibromyalgia Sleep Quality PTSD Athletic Recovery

We want you to have an enjoyable and safe experience with us at Affinity Health and Wellness. 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 (prior to float) 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 Affinity Health

and Wellness 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 spa is cleaned and tested after each float session and maintained to

meet or exceed the standards set forth by the California 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 Affinity Health and Wellness for any and all liability for my actions while in the floatation spa. I agree to irrevocably release and waive any and all claims that I have now or may have hereunder against Affinity Health and Wellness, 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 California.

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Signature Printed Name Date

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Parental Signature (if under 18) Printed Parent Name