

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, St, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Float Pod Intake / Waiver Form**

At Float Effects we make all reasonable efforts to ensure a comfortable, clean and safe environment for you. So that you have a comfortable and safe experience, please read the following and sign your name to indicate your agreement. This waiver applies to the now contemplated float and all subsequent float experiences taken by the undersigned with Float Effects.

1. I will NOT use the floatation tank:
	1. With oils or creams on my body;
	2. If I have any communicable disease;
	3. Under the influence of drugs or alcohol;
	4. If I am epileptic unless in the opinion of my physician my epilepsy is under medical control so that I am in sufficient control of my seizures not to endanger myself in the floatation tank;
	5. If I am pregnant, unless I have consulted and received permission from my physician;
	6. If I suffer from diabetes, unless, in the opinion of my physician, my diabetes is under medical control so that I am in sufficient safety to use the floatation tank;
	7. If I suffer or have suffered from chronic heart disease, unless, in the opinion of my physician, my chronic heart disease is under medical control so that I am in sufficient safety to use the floatation tank.
	8. If I suffer or possess any sort of existing ear, nose, eye condition that may be irritated by properties within the float tank mentioned anywhere within this document.
	9. If I have recently dyed my hair (shower water must run clear)
	10. If I have incontinence or trouble controlling bowels

2) I further understand that the floatation tank uses (1) Epsom salt (U.S.P. pharmaceutical) grade magnesium sulfate, (2) natural enzymes, botanical extracts and non-toxic biodegradable cleaning products which will be in the water and that some people may experience skin allergies or reactions to such chemicals.

3) I also hereby agree and understand that I shall have consulted with my own physician prior to using the floatation tank if I am currently taking any medication or under a physician's care for any reason.

4) Upon using the floatation tank, I absolve Float Effects and its employees and agents from any and all liability in connection with use thereof whether such loss or damage be direct or indirect.

5) I further agree to take full responsibility for my thoughts and actions while floating the waiver of liability and all agreements made herein shall apply to each use I make of the floatation tank or float room.

6) I understand that all of my personal possessions shall be secured with myself (alone), inside of “the float room” during my personal float session. Any loss or damage to any personal possessions of mine is not the responsibility or liability of Float Effects.

7) Any products or incidentals ( [1] “q-tips”/cotton swabs, [2] towels, [3] ear plugs, [4] soap & shampoo supplied by Float Effects are used voluntarily and with full consent and a full knowledge of use by all clients.

**Requirements for Floating**

* Clients are required to shower and shampoo before floating. (Rinse soap off body thoroughly).
* Clients are required to use the washroom before floating.
* Clients with long hair, it’s recommended to tie hair back.
* Hair color needs to be “set” before coming in to float. (your shower water is running completely clear.) Please reschedule if it is not.
* The room is reserved for your exclusive use during your float session. You may exit anytime, however, please note that credits or refunds will not be given for unused time.
* Avoid waxing/shaving before floating to avoid salt/skin irritation.
* Avoid caffeine and heavy foods 1.5 hours prior to floating.
* If a client contaminates the pool in any way they will be required to pay the cost of clean up and refilling the pool with salt. ($800.00 - $1,200.00 depending on the current cost of supplies)

**Etiquette**

The float unit/room is used for relaxation purposes and needs to remain a quiet, tranquil environment. Please make every effort to be respectful and not disturb other clients while floating. Splashing, kicking, talking or other disruptive behavior is not allowed. All cell phones must be set to silent mode or turned off while at Float Effects.

**Late Policy**

It is very important that clients be on time for their appointments. If a client is over ten (10) minutes late for their appointment, they will need to reschedule to avoid scheduling conflicts. We require 24 hours notice if you are unable to keep your appointment. A fee of $25 will be charged for no shows or if changes are made within 24 hours of a scheduled appointment.

**ADA/Wheelchair Customers**

It’s a requirement at Float Effects that if you are constrained to a wheelchair and wish to utilize flotation therapy that you bring along with you a minimum of 1 helper to assist you enter and get out of the float tank. The helper(s) who are assisting are required to sign the customers same waiver form.

**Safety Agreement**

While every effort is made to protect the health and safety of guests using the facilities, it is expressly agreed that use of facilities undertaken by me is at my own risk, and that Float Effects shall not be liable for any claims, damages, actions (or causes of actions) within Float Effects.

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