Float Advocate Application

Name: _____ DOB: _____

Address: _____

Contact number: _____ Preferred communication: call or text _____

1) Have you ever experienced float therapy before? yes/no

If yes, what was your experience like?

_____

_____

If no, what benefits are you hoping to receive from float therapy?

_____

_____

We are using this advocacy program as an opportunity to spotlight the transformative benefits of float therapy for specific populations/conditions.

Which of the following categories would you say apply to you and your situation?

- ☐ Depression
- ☐ Anxiety
- ☐ PTSD
- ☐ Veteran
- ☐ Creative (artist or musician)
- ☐ Athlete
- ☐ Educator
- ☐ Caregiver
- ☐ Currently Pregnant
- ☐ Stress
- ☐ Loss/Grief
- ☐ Desire to enhance your meditation practice

Other: _____

If your application meets the criteria and is chosen, you will be scheduled for a complementary 60 minute float therapy session within 30 days. By submitting this application, you have agreed to the following:

1. Allow us to take a “before and after” testimonial video on the day of your float and agree to let us use it for marketing/educational purposes
2. Post on your social media and tag @terramarwellnesscenter
3. Write us a written testimonial (Google would be preferred but not required)

I agree to the above conditions and would willingly and enthusiastically be a part of spreading awareness of the benefits/experience of float therapy:

_____ Applicant Signature