



WELCOME TO FLOAT AND FLY WELLNESS STUDIO

Float Therapy Waiver

We at Float and Fly Wellness Studio provide floatation therapy which stimulates blood flow throughout the body's tissues, provides a deep state of relaxation which allows our brains to enter into the theta brain wave and releases natural endorphins. To ensure a comfortable, clean and safe floatation experience, I the undersigned, do hereby agree to and consent to the following:

By checking each line, you agree to the following:

- I do not have any communicable or infectious disease, illness, open sore or skin disorder (required)
- I do not have a condition, nor am I medicated in any manner, which may be adversely affected by profound relaxation and/or immersion in concentrated magnesium sulfate (Epsom salt) water solution **(required)**
- I am not under the influence of any non-prescription medication, drug or alcohol (required) I do not have a history of high (>180/120) or low (<90/50) blood pressure **(required)**
- I do not have kidney disease or chronic heart disease **(required)**
- I do not suffer from uncontrolled seizures or epilepsy **(required)**
- I will not use the float tank with oils or creams in my hair or on my body *(required)*
- I have not applied hair dye, hair product with pigment in it or skin tanning products in the past 10 days **(required)**
- I will shower before and after my float, as instructed by a staff member (required)
- I am not currently menstruating, and if I am, I agree to use an insertable type feminine hygiene product (tampon, cup etc) **(required)**
- If I am pregnant, I have consulted with my healthcare provider prior to using the float tank **(required)**
- I understand that if I contaminate the float tank, I may be charged for the replacement of the water, salt and filter up to \$1,200 **(required)**

The following are used in the Floatation Pods and Suites:

Pharmaceutical grade Epsom salt (Magnesium Sulfate mgSO₄)
Natural Enzymes and non-toxic, biodegradable cleaning products
35% food grade hydrogen peroxide as a disinfectant
Ultraviolet and Ozone sanitation system

- I understand the above items are used in the Floatation Pods and Suites (required)
- I agree to take full responsibility for my thoughts and actions while in the Float Suite and understand that each individual may have a unique experience. I have or will receive(d) an orientation which familiarizes me with the safe and appropriate use of the Float Suite. I hereby confirm that I fully understand all statements above completely and take on all risks associated with Floatation Therapy. **(required)**

Signature _____ Date _____

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