

## **FLOAT THERAPY INFORMED CONSENT**

We make all reasonable efforts to ensure a comfortable, clean, and safe environment for you. As such, you may be provided the opportunity of using our floatation tanks. Please read over the following information and sign your name and date at the bottom of the form to indicate your agreement and adherence with our policies and procedures.

1. I will NOT use the floatation tank:

- If I am on my menstrual cycle
- If I have just shaved (salt will aggravate the pores.)
- If I have oils, creams on my body. (see point 2 below to shower)
- If I have jewelry on my body. (jewelry and piercings must be removed)
- If I have any communicable or infectious disease or illness, skin disorder, large cuts, open sores or wounds;
- If I am under the influence of alcohol or drugs;
- If I am epileptic, unless in my 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;
- If I am pregnant and have NOT consulted and received permission to float from my health-care provider;
- If I suffer or have suffered from any claustrophobic or small or enclosed space anxiety-provoking disorders;
- 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;
- 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.

2. I agree to the mandatory 5-minute shower (full shampoo and body scrub) prior to floating, even if I have just showered prior to arrival. I agree to only use the soap and body wash provided prior to floating. Contamination of the spa water with outside products, bodily fluids, hair dye, etc. is my financial responsibility (up to a total of \$1200).

3. I understand that using any self-tanning products or hair coloring must be complete at least 48 hours prior to floating.

4. I further understand that the floatation tank uses Epsom salt (U.S.P. pharmaceutical grade magnesium sulfate) and hydrogen peroxide cleaning products which will be in the water and that some people may experience skin allergies or reactions to such chemicals.

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

6. Upon using this floatation room, I absolve Tri-State Progressive Health, employees and agents from any and all liability in connection with the use thereof whether such loss or damage is direct or indirect.

7. I am choosing to use the floatation spa of my own free will and agree not to hold the facilities, operators or owners liable for any injury to self or for loss/damage of personal items.

**By signing below, I have read and understand the above statements agree to release Tri-State Progressive Health from any liability and to comply with the rules of the spa.**

**Please Print Name Clearly X** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_