

Desert Serenity Float

Floation Waiver & Release Form

Name: _____

Birthday (month/day) _____

Address: _____

City: _____ Zip: _____

Phone: _____

Email: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Floation therapy provides a deep state of relaxation that stimulates blood flow through all of the bodies tissues, releases natural endorphins, and the brain gives out alpha waves associated with relaxation and meditation. To ensure a comfortable, clean and safe floation experience, I agree to the following (please initial each statement):

____ I do not have any communicable or infectious diseases, illness, or open wounds

____ I do not have a condition that may be adversely affected by float spa relaxation and/or immersion in concentrated magnesium sulfate (Epsom salt) water solution

____ I have not used any drugs or alcohol in the past 24 hours

____ I do not have a history of high (>180/120) or low (<90/50) blood pressure

____ I do not suffer from uncontrolled seizures or epilepsy

____ If pregnant, I am not in my first trimester

____ I have not used hair dye in the past 3 days

____ I will pay a cleaning fee of \$ 1,500 on the day of incident should I voluntarily or involuntarily do anything during my float that would contaminate or otherwise require the pod water to be changed. This fee is charged due to having to drain all the water, sanitize the tank, add new salt (1100 lbs). The room will be down for 2 days. This is to recover our loss of not using the tank.

How did you hear about us? _____

____ I have read and agree to all the above terms and conditions

I understand that the Floatation Tank uses:

*Pharmaceutical grade Epsom salts

*Ultraviolet sterilization system

*Natural enzymes and non-toxic biodegradable cleaning products

*Hydrogen peroxide

I further understand that each individual may have a unique experience. I have been given an orientation, which familiarized me with the safe and appropriate use of the tank. I agree to take full responsibility for my thoughts and actions while in the floatation tank and the waiver of liability and all agreements made herein shall apply to each and every use of the floatation tank.

I hereby agree to irrevocably release and waive any claims that I have now or may have hereafter against Desert Serenity Float and its employees and agents. I have read and fully understand and agree to the above terms of this Liability Waiver Agreement. I am signing this agreement voluntarily and recognize that my signature serves as complete and unconditional release of all liability to the greatest extent allowed by law in the State of California.

Printed Name: _____

Signature: _____

Date: _____