

FLOAT LIABILITY WAIVER

Floating Participant	Name:		Email:		@
	Date of Birth: / /		Age (must be over 18):		Phone: () -
	Address:				
	Please tell us about more about how you came to be here today. How did you hear about it? Us? What is your interest? Hopes?				
EC	Emergency Contact Name:			Relationship:	
	Address:			Phone: () -	

POLICIES AND PRACTICES

The following must be read carefully. Participants must initial next to each line acknowledging that each item is understood by them and that they comply with them for today's session. The following are for the participant's safety, the safety of other participants, and to protect the equipment, facility and staff. Participants must initial and sign that they comply with the following and are able to participate. These apply for each and every floating session and we will require acknowledgement and compliance every time by reviewing them prior to floating and signing in. Not complying may result in damages to the equipment and/or facility of which the participant is agreeing to be fully responsible for. Thank you.

	I have showered fully and immediately before arriving for my session. (This is very important! Body and hair must be free of all products and dirt/oils. Not only for your safety but also the sanitation of the facility and equipment and to protect the equipment from damage. <u>If you have not showered we will cancel your session today and reschedule.</u>)
	I have not applied any deodorant, fragrances, makeup or lotions. (This will cause damage to the equipment and you will be liable. The tank is cleaned/inspected after each float. <u>If you have applied any of these we will cancel your session today and reschedule.</u>)
	I do not have any communicable or infectious disease, illness, open sores and/or skin disorders. (For sanitary reasons and these conditions can worsen from floating).
	I am not menstruating nor do I have an external vaginal episode. (If either of these are happening it is not a good time to float for your own health and for sanitary reasons).
	I am not under the influence of drugs, alcohol, or non-prescribed medication. (This can be very dangerous).
	I have not had any type of hair color treatment within the past two weeks. (The tank and your hair will be damaged if you have).
	I have not had a spray tan treatment within the past two weeks.

FLOAT LIABILITY WAIVER

	I do not have a medical condition that makes floating dangerous for me. This can include, but is not limited to: high blood pressure, low blood pressure, diabetes, chronic heart disease, kidney disease, epilepsy, mental/emotional disorders.
	I am healthy and able to float today.
	I have been advised by this facility that I should consult with my doctor prior to floating with any concerns I might have.
	I am at least 18 years of age.
	I am not allergic or sensitive to hydrogen peroxide, salt, and/or magnesium sulfate. (These are used as sanitizing agents and to keep the body buoyant.)
	I feel well today and I do not have incontinence, diarrhea or nausea. (You should only float when you feel well.)
	I agree to shower additionally before I float and I will not wear any clothing in the tank. (Underwear, swimsuits are often filled with bacteria. Also you want to float as natural as possible).
	I understand that the flotation tank contains a concentrated Himalayan sea salt and magnesium sulfate (Epsom salt) solution, which helps inhibit the growth of most bacteria. After EVERY float session, the water in the tank goes through a powerful filtration system, and then is treated by an Ozonator, which uses the power of ozone to disinfect the water before it goes back into the tank. Hydrogen peroxide is also added daily.
	I have received an orientation, which familiarized me with the safe and appropriate use of the tank. I understand that individual experiences with floating are varied and unique, and I take full responsibility for my thoughts and actions while in the flotation tank. This waiver of liability and all agreements made herein shall apply to each and every use of the tank.
	I hereby agree to irrevocably hold harmless and waive any claims that I now may have or may have hereafter against Evolve Yoga Co & the calm center, its owners, employees and agents.
	I understand that if I do something that causes damage to the property, Flotation Tank, or its contents, I am financially responsible for any and all damages as well as lost income from such damage.
	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 in connection with the use of the flotation tank and facilities, including the entire interior of the premises operated by Evolve Yoga Co & the calm center, including its owners, agents and all employees, whether such loss or damage be it direct or indirect, to the greatest extent allowed by law in the State of New York.
	I understand that floating is a unique and varied experience and I may not enjoy it. No guarantee has been made that it will be beneficial for me. I further understand that there are no refunds and I take full responsibility for damages to myself or to the facility.

SIGNATURE AND ACKNOWLEDGEMENT OF THE ABOVE

Signature: _____	Date: / /
------------------	-------------------------