



Waiver Form for Flotation Therapy

At Holistic Harmony, we make all reasonable efforts to ensure a comfortable, clean and safe environment for you. To ensure that you have a comfortable and safe experience, please read the following and sign your name to indicate your agreement. This waiver applies to the now contemplated float and all subsequent float experiences taken by the undersigned at Holistic Harmony, Holistic Wellness Center.

Name: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Alt phone: _____

In case of Emergency: (NAME) _____ Number _____

Reason for Floating: _____

Email Address: _____

1. I will **NOT** use the flotation tank if:

- I have not showered thoroughly and still have oils, creams, or makeup on my body.
- I am under the influence of alcohol or drugs.
- I have a communicable or infectious skin condition, disorder, or diseases.
- I have open sores.
- I have recently dyed hair or have recently received Keratin treatments.
- I am diabetic, unless my diabetes is under medical control.
- I have incontinence, or voluntarily/involuntarily release of bodily fluids of any kind.
- I have a history of heart trouble, epilepsy, seizures or blackouts and have not received my doctor's permission to use the flotation pod.
- I am experiencing a menstrual period and am not taking proper precautions and use of appropriate sanitary products (tampons or menstrual cups) to ensure no leakage during the float session as you would do in pool or spa.
- I have a condition which may be adversely affected by cutaneous absorption of magnesium.
- I have kidney disease.
- If I am pregnant and have NOT consulted and received permission to float from my health-care provider.

_____ **Initial that I have read.**

2. I further understand that the flotation tank uses (1) Epsom salt (U.S.P. pharmaceutical) grade magnesium sulfate, (2) natural enzymes, botanical extracts and non-toxic biodegradable cleaning products which will be in the water and that some people may experience skin allergies or reactions to such products.

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

4. Upon using the flotation tank, I absolve Holistic Harmony, LLC and its employees and agents from any and all liability in connection with use thereof whether such loss or damage be direct or indirect.

5. I further agree to take full responsibility for my thoughts and actions while floating. The waiver of liability and all agreements made herein shall apply to each use I make of the flotation tank or float room.

6. I understand that all of my personal possessions shall be secured with me (alone), locked inside of "the float room" during my personal float session. Any loss or damage to any personal possessions of mine is not the responsibility or liability of Holistic Harmony.

7. Any products or incidentals [1] "q-tips"/cotton swabs, [2] towels, [3] ear plugs, [4] organic soap & shampoo supplied by Holistic Harmony are used voluntarily and with full consent and a full knowledge of use by all clients. (Bring your own brush/comb.)

_____ Initial that I have read.

Requirements and Recommendations

- Clients are required to shower and shampoo before floating. (*Rinse soap off body thoroughly*).
- Clients should avoid wearing contacts during the float.
- Clients are required to use the bathroom before floating.
- Clients with long hair, it's recommended to tie hair back. No freshly dyed hair (*Min 48 hours*)
- Avoid waxing/shaving before floating to avoid salt/skin irritation.
- Avoid caffeine and heavy foods 1.5 hours prior to floating.
- If a client contaminates the pod in **anyway**, they will be required to pay the cost of clean-up and refilling the pod with salt. (*\$800.00 - \$1,500.00 depending on the current cost of supplies and extent of damage*).

_____ Initial that I have read.

Payment

- Please be sure to contact us with at least a 24-hour notice to avoid any fees/charges. Because it can be very difficult to fill last minute time slots, a charge of \$25 **will** be sent to the client by mail if the appointment is canceled and a 24-hour notice is **not** given. If there is a no-call or no-show for your reserved spot, the **full amount of the session will be charged and sent** to the client by mail. All fees must be paid in full before booking any future appointments at Holistic Harmony. We understand that there are weather related cancelations and/or emergency situations that can happen at the last minute and the client will not be charged if there is a legitimate reason for the last-minute cancelation of an appointment. We accept cash, check or credit cards.

_____ Initial that I have read

I _____ (name) have read, initialed and understand all the information given in the flotation waiver form for Holistic Harmony, LLC. I absolve Holistic Harmony, LLC and all employees from any and all liability and agree to all the terms listed above.

Sign: _____ Date: _____

Parent/Legal Guardian of Minors: _____ Date: _____