

# THE FLOATATION CENTRE

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## INTAKE & WAIVER FORM

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### Acknowledgement & Waiver

At **THE FLOATATION CENTRE**, we make all reasonable efforts to ensure a comfortable, clean and safe environment for you. To ensure this, 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 with **THE FLOATATION CENTRE**.

1. I will **NOT** use the floatation tank or tub;
  - (a) With oils or creams on my body;
  - (b) If I have any communicable disease;
  - (c) Under the influence of drugs or alcohol;
  - (d) If I am epileptic unless in the 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;
  - (e) If I am pregnant, unless I have consulted and received permission from my physician;
  - (f) If I suffer from sleep apnea;
  - (g) 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; and/or,
  - (h) 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 further understand that the floatation tank uses (1) Epsom salt U.S.P. (pharmaceutical) grade magnesium sulfate, (2) Bromine (potassium monopersulfate or monopersulfate compound, rooms 1 & 2), (3) Hydrogen Peroxide (room 3) and, (4) 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 chemicals.

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

4. Upon using the floatation tank, I absolve **THE FLOATATION CENTRE** and its employees and agents from any and all liability in connection with use thereof whether such loss or damage be it direct or indirect.

Initial reason for floating: \_\_\_\_\_  
How did you hear about  
**THE FLOATATION CENTRE?**: \_\_\_\_\_

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## Requirements

- Guests are required to shower and shampoo before floating (rinse soap off body thoroughly);
- Guests are required to use the washroom before floating;
- Guests are required to use earplugs. If they choose not to, it is at their own risk;
- Guests with long hair are recommended to tie it back. No freshly dyed hair is permitted (minimum 4 washes before floating);
- Avoid waxing/shaving before floating to avoid salt/skin irritation;
- Avoid caffeine and heavy foods 1.5 hours prior to floating; and,
- If a guest contaminates the pool in any way, they will be required to pay the cost of clean up and refilling the float tank with salt (approximate cost of \$1000.00).

## Etiquette

The float unit/room is used for relaxation purposes and needs to remain a quiet, relaxed environment. Please make every effort to be respectful and not disturb other guests before, during and after floating. Splashing, kicking, loud talking or other disruptive behavior is not permitted.

## Late Policy

It is very important that guests be on time for their appointments. If a guest is late (past 15 minutes) the guest will need to reschedule to avoid scheduling conflicts. This will result in no refund. Thank you for understanding.

## Safety Agreement

While every effort is made to protect the health and safety of guests using the facilities, it is expressly agreed that use of facilities undertaken by me is at my own risk, and that **THE FLOATATION CENTRE** shall not be liable for any claims, damages, actions (or causes of actions) within the complex.

## Guests with Mobility Issues

It's a requirement at **THE FLOATATION CENTRE** that if you have mobility issues and wish to utilize floatation therapy, that you bring along with you at minimum 1 person to assist you with entering and exiting unit. The helper(s) who are assisting, are required to sign the customers same waiver form.

Thank you for providing us with this information. **THE FLOATATION CENTRE** does not sell, exchange or release your personal information, such as your name, email address, or telephone number to a third party.

**Guest Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent / Guardian / Caregiver Signature:**  
*(Under 16 years of age)*

\_\_\_\_\_