iFloat Wise FOR ME

Floatation Liability Release Form

I understand that the floatation tank uses:

- 100% USP Grade Epsom Salt (Magnesium Sulfate-MgSO4)
- Natural enzymes and non-toxic biodegradable cleaning product
- 34% food grade hydrogen peroxide as an oxidizer

I acknowledge and absolve iFloat Wise of any liability pertaining to the following:

- iFloat Wise does not represent floating as a cure to any physical or mental affliction(s). I will not modify or stop any of my prescribed medications without first consulting with my physician.
- I am choosing to use the floatation cabin and/or massage therapy of my own free will and agree not to hold the facility operators or owners liable for any injury to self or for loss of personal items.
- I agree that I am physically capable of entering and exiting the float cabin on my own and am physically capable of lowering myself into the solution without assistance. I am capable of rising myself from a recumbent position without assistance when exiting. If not, I will have someone present in the room with me.
- I understand that the float cabin contains approximately 200 gallons of water, roughly 10 inches deep, saturated with 600 to 899 pounds of USP grade Epsom salt (magnesium sulfate) and heated between 94 and 96 degrees Fahrenheit.
- I understand that the solution in the float cabin feels slick and I will use the utmost caution while entering/exiting the cabin and while using the float cabin facilities. I also understand that if I use the step to enter the float cabin it is at my own risk and discretion.
- I agree that iFloat Wise is not responsible for any damages, injury or death caused by slipping and/or falling or from any pre-existing medical conditions.

Please Initial (I have read and understand): _____

Disclaimer/Waiver

Floating is not a substitute for medical attention, examination, diagnosis or treatment. I acknowledge and agree to comply with all rules and regulations as provided by iFloat Wise, as instructed or as posted in the iFloat Wise facility as stated in this Agreement. Further, I will conduct myself with courtesy for all iFloat Wise personnel and other iFloat clients or any others present on the property. I understand the inherent risks concerning floating and using float cabins, some of which are described in this Agreement and I assume all risk of bodily injury, property damage and personal damage that may occur by participating and/or floating. I hereby forever waive and release, hold harmless, and covenant not to sue iFloat Wise, its members, employees, agents, representatives, volunteers, heirs, successors, or assigns (hereinafter "released parties") concerning any and all claims or demands which may be made for any loss, damage, harm or injury to a person or property related to participation in the float activities and services provided by iFloat Wise, whether caused by the negligence of the released parties or otherwise. The list of float participants as identified in this Agreement includes all adults and minors participating in any service provided by iFloat Wise. I hereby confirm that I fully understand all statements above completely and take on all risks associated with Floatation Therapy. I hereby confirm that I understand that this is a release of liability which could prevent me from filing suit and waive any claims that I have now or may have hereafter against iFloat Wise and its employees.

Signature: _____ Date: _____

☐ Legal guardian of person floating (if under the age of 15) and approved by individuals' physician.

How did you hear about iFloat Wise? _____

iFloat Wise Participation Agreement and Liability Release

First Name: _____ Last Name: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____
(only used for appointment confirmations, receipts, and notices of individual specials)

Birthdate: (MM/DD/YY): _____
(Free 30 minute float with purchase of 1 hour massage during birthday month)

If Applicable (please initial all that applies). For my physical safety and the sanitation of the solution in our float tank, I certify to the following:

_____ I am not under the influence of any non-prescription medication, drugs or alcohol. If taking prescription medications, I have consulted with my doctor and have been cleared medically under their authority and assume all risks.

_____ I am not wearing a pacemaker and do not suffer from any serious heart disease, or if I am wearing a pacemaker, I have consulted my doctor and have been cleared medically under their authority and assume all risks.

I do NOT suffer from or have:
_____ skin disorder
_____ ear infections
_____ chronic respiratory illness
_____ communicable/infectious disease
_____ kidney disease
_____ chronic heart disease
_____ uncontrolled seizures or epilepsy
_____ psychotic episodes
_____ blackouts

_____ If I have any other physical, mental or emotional limitation or diagnoses that may be of concern for participating in floatation, I have consulted with my physician or other medical or mental health care provider and have received approval to float.

_____ If I am pregnant (must be past 1st trimester), I have consulted with my OB/GYN prior to floating.

_____ I am not currently menstruating, and if I am, I agree to use an insertable type feminine hygiene product

I agree with/to: (Please initial)

_____I will pre-rinse off oils/lotions/creams in the shower before floating and take a complete shower after my float as instructed by a staff member,

_____I have not applied hair dye in the last 10 days and not applied red hair dye in the past 30 days.

_____I have waited at least 4 days since spray tanning _____and any new tattoos are completely healed

_____ I understand that all of my personal belongings shall be secured with me, any loss or damage to any of my personal belongings is NOT the responsibility or liability of iFloat Wise

_____ I understand that the float cabin is inspected before and after each session. I understand that if I contaminate the float cabin with bodily fluids both voluntary and involuntary, or break anything in the cabin, I will be charged a cleaning/replacement/repair fee of $500.00 (minimum) plus a downtime/lost revenue charge of $65.00 an hour.