



Waiver & Release Form | 2016

Prior to using facilities this waiver MUST be read and signed before using the facilities.

Name: _____ First time to float? _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Birth Date: _____ Referred By: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

To ensure a comfortable, clean and safe float therapy experience, I agree to the following (each statement must be read completely and initialed):

____ I understand that I cannot use the Float Pod if I am under the influence of alcohol or illegal drugs.

____ If I have a history of heart disease, blackouts, seizures, diabetes, or epilepsy, I have received consent from my physician to use the float pod.

____ I do not have any diseases, illnesses, or skin disorders that are a risk of communicable or contagious to others using the float pod.

____ I do not have a condition and am not medicated in any manner which may be adversely affected by deep relaxation and/or immersion in magnesium sulfate (Epsom salt) water solution.

____ I do not have a kidney disease.

____ I understand that representatives at Infinity Float Spa cannot provide medical treatment. In the event I experience a medical emergency, I authorize Infinity Float Spa staff to call emergency medical staff & or my emergency contact on my behalf.

____ I understand that if I contaminate the water in the Float Pod with bodily fluids of any kind I will be held financially responsible for draining and replacement of the water, Epsom salt and special cleaning services (up to \$500).

____ I understand that I cannot float if I have had any chemical processing of my hair or spray tanned within 3 days because the water in the Float Pod can be discolored and or contaminated with chemicals. In the event this happens I will be held financially responsible for draining and replacement of the water, Epsom salt and special cleaning services (up to \$500).

____ I am NOT currently menstruating.

____ If I am pregnant, I have consulted with and have written permission from my physician to use the FloatPod.



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____ I understand that using a tanning bed or shaving within 24 hours of my float session may cause skin irritation.

____ Before entering the Float Pod, I will shower thoroughly to remove natural body oils and skin and hair products.

____ After exiting the Float Pod, I will shower thoroughly to rinse the salt from my hair and body.

____ I am choosing to use the Float Pods at Infinity Float Spa of my own free will and agree not to hold the facility, operators, or owners of Infinity Float Spa liable for any injury to myself or loss of personal items.

____ I will use great caution while entering and exiting the Float Pod and the entire time I am in the facility. Even though mats are provided and the staff maintains a clean and safe environment to the best of their ability, I understand that there is still a risk of wet and slippery surfaces.

____ I understand that the Float Pods use:

- Pharmaceutical grade Epsom salt
- Ultraviolet sterilization system
- Natural enzymes and non-toxic biodegradable cleaning products
- Hydrogen peroxide (3%)

I further understand that each individual may have a unique experience. I will be given an orientation which will familiarize me with the safe and appropriate use of the Float Pod. I agree to take full responsibility for my thoughts and actions while in the Float Pod and understand that all agreements made herein shall apply to each and every visit to Infinity Float Spa and each time I use their Float Pods.

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

"I have read and fully understand Infinity Float Spa Liability Waiver and Release"

Print Name

Signature

Date

