

Print name _____

Mindful Floats Liability Waiver & Professional Agreement

We want you to have a safe and delightful experience with us at Mindful Floats. Please be aware and agree to the following information and policies.

Facilities: The facility is cleaned between each session. The float pod is filtered and sanitized between each session in accordance with the Floatation Tank Association standards. It is up to each individual to take caution to prevent slipping or falling as floor surfaces may be wet.

Fees: Fees vary based on the desired service package. We require payment at the time of service.

Cancellation Policy: Float sessions must be cancelled 24 hours in advance; otherwise you will be charged for the visit. You may forfeit a prepaid float from your account if you cancel with less than 24 hour notice or do not arrive for your scheduled float session.

Shower Policy: Floaters have 10 minutes to undress and shower before their float sessions and up to 20 minutes to shower and exit the float room after their session. This is in addition to your purchased float time. We have a powder room for extra post float grooming.

I affirm I will:

Shower before and after floating. For your convenience, shower products, towels, and robes are provided. Thoroughly wash, shampoo, and rinse before your float. Do not use conditioner or lotions, these products are available for your post float shower.

Other optional amenities available for your float are: earplugs, A&D ointment to apply over any cuts or scrapes, and a float pillow.

Turn off my shower prior to entering the float pod.

Use the intercom for assistance if I am having trouble with the shower or the pod.

I also affirm:

If I am under the care of a doctor or have any medical conditions (including, but not limited to, pregnancy, diabetes, epilepsy, heart conditions, a pacemaker, kidney conditions, etc.), I have sought the approval from my doctor prior to floating.

If I am currently taking any medications, I have sought the approval from my doctor prior to floating and know the interaction that magnesium sulfate may have with my medications.

I am aware that floating may increase magnesium levels.

I understand that the floatation pod uses Epsom salt (U.S.P. pharmaceutical grade magnesium sulfate), natural enzymes, h₂o₂/35% Hydrogen Peroxide, and non-toxic biodegradable cleaning products which will be in the water and that some people may experience skin allergies or reactions to such items.

I will NOT use the floatation tank if:

I have not showered thoroughly and still have oils, creams or makeup on my body.

I have had any type of hair color/treatment within the past 7 days.

I have an unhealed tattoo.

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 am diabetic, unless my diabetes is under medical control.

___ I have a history of heart trouble, seizures or blackouts and have not received my doctor's permission to use the floatation tank.

___ I am experiencing a heavy menstrual period or external vaginal episode that cannot be managed with a tampon or feminine cup.

___ I have a condition which may be adversely affected by cutaneous absorption of magnesium.

___ I have kidney disease and have not received my doctor's permission to use the floatation tank.

___ I have incontinence, or voluntarily/involuntarily release of bodily fluids of any kind.

___ I have dementia or Alzheimer's.

___ I understand that violation of any of these rules that results in contamination of the float tank water may result in a salt replacement fee of up to \$1,000.

I agree that Mindful Floats is in no way responsible for personal property, personal injury, or death. I agree that neither I, my heirs, assigns, nor legal representatives will sue or make any other claims of any kind whatsoever against Mindful Floats or its members. I further agree to take full responsibility for my thoughts and actions while in the floatation pod. Due to an extreme sense of relaxation post float, I agree to not engage in operation of heavy machinery or drive a car until I feel fully capable of doing so. I have voluntarily chosen to participate in a float session at Mindful Floats, and am aware that this is a release of liability and contract, and am signing it of my own free will. The waiver of liability and all agreements made herein shall apply to each use I make of the floatation pod.

Based on the Lakeland Natural Medicine and Mindful Floats staff interactions with you; if we deem that you are not in the right state of mind to float, we reserve the right to refuse service without charge.

If you are under 18, a parent or guardian must sign this form and initial below.

___ For any minor age 7-12, a parent or guardian must remain in the Lakeland Natural Medicine building (in a different treatment or therapy room is fine) for the duration of the float.

___ For minors age 13-17, a parent or guardian must remain in the Lakeland Natural Medicine building (in a different treatment or therapy room is fine) for the first float. For subsequent floats for minors age 13-17, a phone number to reach a parent or guardian is sufficient during floating.

ADA/Wheelchair Customers: Mindful Floats and Lakeland Natural Medicine do not assume responsibility to assist anyone in and out of the shower facilities and/or float pod. If you may have difficulty maneuvering in the float room on your own but wish to utilize our services, please bring with you a qualified person(s) to assist you. The helper(s) who are assisting, are also required to sign the waiver form. There are limitations to any circumstances related to safety. Each person is served on an equal yet individual basis depending upon their own situations. Understand that the duration of time that it may take for a person with special needs to enter (and exit the pod) may affect the duration time of their actual time spent inside of the pod and float room. Please call before making this appointment to ensure that we have discussed your needs.

I have read, understand, and agree to all of the terms & policies listed above.

Signature _____ Date _____

Signature of Parent or Legal Guardian, if under 18 _____

Signature of helper(s) _____