

# SERENITY FLOATATION THERAPY

## FLOATATION WAIVER & RELEASE FORM

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Floatation Therapy provides a deep state of relaxation that stimulates blood flow through all of the bodies tissues, releases natural endorphins, and the brain gives out alpha waves associated with relaxation. To ensure a comfortable, clean and safe Floatation experience, I agree to the following (please initial each statement):

\_\_\_\_ I do not have any communicable or infectious disease, illness, or skin disorder

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

\_\_\_\_ I am not under the influence of any medication, drug or alcohol

\_\_\_\_ I do not have a history of high ( $\geq 180/120$ ) or low ( $\leq 90/50$ ) blood pressure

\_\_\_\_ I am not diabetic with an insulin dependency

\_\_\_\_ I do not have kidney disease

\_\_\_\_ I do not suffer from uncontrolled seizures or epilepsy

\_\_\_\_ I am not currently menstruating

\_\_\_\_ I have consulted with, and secured written permission from my physician to use the Floatation Tank if I am pregnant

I understand that the Floatation Tank uses:

- Pharmaceutical grade Epsom salts
- Ultraviolet sterilization system
- Natural enzymes and non-toxic biodegradable cleaning products
- Hydrogen peroxide

I further understand that each individual may have a unique experience. I have been given an orientation which familiarized me with the safe and appropriate use of the tank. I agree to

take full responsibility for my thoughts and actions while in the floatation tank and the waiver of liability and all agreements made herein shall apply to each and every use of the floatation tank.

I hereby agree to irrevocably release and waive any claims that I have now or may have hereafter against River Junction Chiropractic Clinic and Serenity Floatation and its employees and agents. I have read and fully understand and agree to the above terms of this Liability Waiver Agreement.

Printed Name:

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Signature:

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