



# SERENITY WATERS

FLOAT | REJUVENATE | RELAX

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

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

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

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

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

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

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

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

Floatation Meditation 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 and meditation. To ensure a comfortable, clean and safe Meditation Floatation experience, I agree to the following (please initial each statement):

- \_\_\_\_\_ All float tanks are in wet areas and I will take extra precautions for my own safety. I assume any and all liability due to injury and/or damage resulting from any slip and fall incident.
- \_\_\_\_\_ I will turn off all of my electronic devices before entering the float corridor. I agree to be as respectfully quiet as possible while indoors at Serenity Waters Spa.
- \_\_\_\_\_ I agree to shower with soap and shampoo thoroughly before each of my float sessions to completely remove all dirt and oils from my body.
- \_\_\_\_\_ I am aware that keratin hair treatments can be affected by any salt water, especially the highly saline water in a float tank.
- \_\_\_\_\_ I agree that any cologne, perfume, make-up or creams will be fully removed from my body prior to entering the float tanks.
- \_\_\_\_\_ If pregnant, I have consulted with, and secured written permission from my physician to use the floatation tank.
- \_\_\_\_\_ I understand that, in order to keep other customers from waiting, my showering times should be limited to no more than 7 minutes each.
- \_\_\_\_\_ I do not have any communicable or infectious disease, illness, or skin disorders.
- \_\_\_\_\_ I do not have a condition nor am I on my medication which may have adverse effects due to immersion in the concentrated magnesium sulfate (Epsom salt) water solution.
- \_\_\_\_\_ I am not under the influence of any medication, drug or alcohol
- \_\_\_\_\_ I understand that floating may lower blood pressure and I will take extra care standing up after my float. If I have a history of high ( $\geq 180/120$ ) or low ( $\leq 90/50$ ) blood pressure, I have medical authorization to float.
- \_\_\_\_\_ If I have chronic heart or kidney disease, I have medical authorization to float.
- \_\_\_\_\_ If I am diabetic with insulin dependency, I have medical authorization to float.
- \_\_\_\_\_ I do not suffer from uncontrolled seizures, epilepsy, or incontinence.
- \_\_\_\_\_ I am not currently menstruating.

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 Serenity Waters Spa and its employees. I have read and fully understand and agree to the above terms of this Liability Waiver Agreement. I am signing this agreement voluntarily and recognize that my signature serves as complete and unconditional release of all liability to the greatest extent allowed by law in the State of Wisconsin.

Please legibly write the following sentence in your own handwriting, print and sign your name below:

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

If under 18, parent or guardian must sign below:

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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