**Awaken** Float
**FLOAT TANK RELEASE WAIVER**

Is this your first float? Y / N

***Which of the many benefits of the Float Tank interest you the most?***

***\_\_\_\_\_ Just Curious! \_\_\_\_\_ Pain Relief \_\_\_\_\_ Meditation***

 ***\_\_\_\_\_ Lowering Blood Pressure \_\_\_\_\_ ADD/ADHD \_\_\_\_\_ Athletic Performance***

***\_\_\_\_\_ Fibromyalgia \_\_\_\_\_Stress \_\_\_\_\_ Depression***

***\_\_\_\_\_Pregnancy \_\_\_\_\_Sleep Health \_\_\_\_\_Spirituality***

***\_\_\_\_\_ PTSD Other\_\_\_\_\_\_\_\_\_\_\_\_***

\_\_\_\_(initial) To keep the tank a clean and sanitary, I understand that the floatation tank uses one or more of the following agents and that these agents will be in the water. Some people could experience skin allergies or reactions to such agents: Epsom salt/U.S.P. pharmaceutical grade magnesium sulfate (MgSO4), 35% hydrogen peroxide (H2O2), Ultraviolet (UV) sterilization systems, Natural enzymes, botanical extracts and non-toxic biodegradable cleaning products.

 ***Please note the following listed conditions are considered contraindications for the***

***use of Float Tank Usage.***

**IF YOU ANSWER YES TO ANY OF THE BELOW QUESTIONS, YOU MUST**

**GET A RELEASE FROM YOUR PHYSICIAN BEFORE USING Float Tank.
P*lease indicate if any of the following apply to you:*
1. Do you suffer from Congestive Heart Failure? Yes No
2. Do you have a severe past or current neck injury. Yes No
3. Do you have epilepsy? Yes No**

**IF YOU ANSWER YES TO ANY OF QUESTIONS BELOW, PLEASE DO NOT USE FLOAT TANK UNTIL**

**YOU REMEDY THE ISSUE.**

 ***Please indicate if any of the following apply to you:***

**1. Do you have recent flesh wounds? Yes No**

**2. Are you under the age of 18 (Must be 18 or older to use float tank) Yes No**

**3. Do you have issues getting up from laying down on the floor? Yes No**

**(You may need to have someone with to assist you)**

**4. Are you currently having a heavy menstrual period or any involuntary bodily fluids? Yes No**

**5. Do you have an airborne communicable disease, virus or illness? Yes No**

**6. Are you under the influence of Alcohol or any Hallucinogenic Drugs? Yes No**

**7. Do you have lotions or creams on your body? (please wash off in shower provided) Yes No**

**8. Have you dyed your hair in the last 2 weeks or gotten a spray tan? Yes No**

***DISCLAIMER / WAIVER***

I understand that these sessions are for the purpose of relaxation and not intended to treat any condition or disease or to take place of medical care or medications. I clearly confirm that I do not have any contraindications to Float Therapy By signing below I agree to release Awaken For Wellness LLC and its members from any liability in connection with the use of the sauna. Step out of the Tank immediately if you experience dizziness or a psychosomatic episode. In the rare event, you experience severe pain and / or severe discomfort, immediately discontinue Float Tank use.

**Client Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (please print)

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**