



# FLOAT MADISON

## Float Center Release Form

We at Float Madison provide floatation therapy which stimulates blood flow throughout the body and provides a deep state of relaxation. To ensure a comfortable, clean, & safe experience, I the undersigned, do hereby agree to and consent to the following:

By checking each line, you agree to the following:

- I do not have any communicable or infectious disease, illness, open sore or skin disorder
- I do not have a condition nor am I 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 non-prescription medication, drug, or alcohol
- I do not have kidney disease or chronic heart disease
- I do not suffer from uncontrolled seizures or epilepsy
- I will not use the float tank with oils or creams in my hair or on my body
- I will shower before and after my float, as instructed by a staff member
- I will use the provided earplugs as directed by a staff member, and if I don't it is at my own risk
- I am not currently menstruating, and if I am, I agree to use an insertable type feminine hygiene product (tampon, cup, etc.)
- If I am pregnant, I have consulted with my healthcare provider prior to using the float tank
- I have not applied hair dye in the past 10 days (or red hair dye in the past 30 days)
- I have not applied any type of hair product with pigment in it or skin tanning products prior to floating
- Our float tanks are inspected before and after each appointment. I understand that if I contaminate or damage the float tank with hair dye or bodily fluids, voluntarily or involuntarily, I may be charged for a cleaning and salt replacement fee of \$1,000.

I understand that the Floatation Tank uses:

- Pharmaceutical grade Epsom salt (Magnesium Sulfate MgSO4)
- Natural Enzymes and non-toxic, biodegradable cleaning products
- 35% food grade hydrogen peroxide as an oxidizer
- Ultraviolet and Ozone sanitation system

I agree to take full responsibility for my thoughts and actions while in the Float Tank and understand that each individual may have a unique experience. I have or will receive(d) an orientation which familiarized me with the safe and appropriate use of the tank.

I hereby confirm that I fully understand all statements above completely and take on all risks associated with Floatation Therapy. I hereby confirm that I understand that this is a release of liability which could prevent me from filing suit and waive any claims that I have now or may have hereafter against Float Madison, LLC and its employees.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Birthday: \_\_\_\_\_

How did you hear about Float Madison? \_\_\_\_\_

What is your main reason for floating? \_\_\_\_\_

Have you ever used floatation therapy? Yes No If yes, how long ago: \_\_\_\_\_

Where: \_\_\_\_\_ Email (Optional – For Occasional Promotions): \_\_\_\_\_