



Float Waiver and Consent Form

Name: _____ Date: _____

E-Mail _____

Cell phone:

Date of Birth: ____ / ____ / ____

FLOAT INTAKE QUESTIONNAIRE

1. I will NOT use the floatation tank:

- If I am on my menstrual cycle
- If I have just shaved (salt will aggravate the pores.)
- If I have oils, creams on my body. (see point 2 below to shower)
- If I have jewelry on my body. (jewelry and piercings must be removed)
- If I have any communicable or infectious disease or illness, skin disorder, large cuts, open sores or wounds;
- If I am under the influence of alcohol or drugs;
- If I am epileptic, unless in my opinion of my physician, my epilepsy is under medical control so that I am in sufficient control of my seizures not to endanger myself in the floatation tank;
- If I am pregnant and have NOT consulted and received permission to float from my health-care provider;
- If I suffer or have suffered from any claustrophobic or small or enclosed space anxiety-provoking disorders;
- If I suffer from diabetes, unless, in the opinion of my physician, my diabetes is under medical control so that I am in sufficient safety to use the floatation tank;
- If I suffer or have suffered from chronic heart disease, unless, in the opinion of my physician, my chronic heart disease is under medical control so that I am in sufficient safety to use the floatation tank.

_____ Initials

2. I agree to the mandatory 5-minute shower (full shampoo and body scrub) prior to floating, **even if I have just showered prior to arrival**. I agree to only use the soap and body wash provided prior to floating. Contamination of the spa water with outside products, bodily fluids, hair dye, etc. is my financial responsibility (up to a total of \$500).

_____ Initials

3. I understand that using any self-tanning products or hair coloring must be complete at least 48 hours prior to floating.

_____ Initials

4. I further understand that the floatation tank uses Epsom salt (U.S.P. pharmaceutical grade magnesium sulfate) and hydrogen peroxide cleaning products which will be in the water and that some people may experience skin allergies or reactions to such chemicals.

_____ Initials

5. I also hereby agree and understand that I shall have consulted with my own health care provider prior to using the floatation tank if I am currently taking any medication or under a physician's care for any reason.

_____ Initials

6. Upon using this floatation room, I absolve Kume Float, employees and agents from any and all liability in connection with the use thereof whether such loss or damage is direct or indirect.

_____ Initials

7. I am choosing to use the floatation spa of my own free will and agree not to hold the facilities, operators or owners liable for any injury to self or for loss/damage of personal items.

_____ Initials

By signing below, I have read and understand and agree to the above statements to release Kume Float from any liability and to comply with the rules of the spa.

Signature _____

Please Print Clearly X _____

Date _____