

CLIENT INFORMATION - FLOAT STUDIO RELEASE FORM

Personal Information

Name: _____ Date: _____ Date of Birth: _____
 Address: _____ City: _____ State _____ Zip _____
 Phone: _____ Occupation: _____ Email: _____

How did you hear about us? (*online search, gift certificate, social media, name of referrer - so we can thank them, other?*)

What benefit(s) are you trying to achieve through your float visit?

- | | |
|--|--|
| <input type="checkbox"/> Relax/Reduce Anxiety (stress) | <input type="checkbox"/> Accelerated Healing |
| <input type="checkbox"/> Meditate | <input type="checkbox"/> Neck Pain |
| <input type="checkbox"/> Athletic Recovery | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Injury Rehabilitation | <input type="checkbox"/> Joint Swelling |
| <input type="checkbox"/> Chronic or Acute Pain/Spasms | <input type="checkbox"/> Sleep Disorder |
| <input type="checkbox"/> Auto-Immune Issues | <input type="checkbox"/> Back Pain |
| <input type="checkbox"/> Other? _____ | |

Please agree and be advised of the following:	Agree <i>(Please Initial each box)</i>
I agree to take full responsibility for myself as I use the float room, shower, and all other rooms/amenities and I assume all risk unto myself. I declare myself physically and mentally capable to participate in float therapy and use of the float room. I will not misrepresent myself to any staff member in any way while at Aches Away.	
I recognize that <i>I have watched the Introductory Video provided by Aches Away (online or onsite). I will receive basic verbal instructions during my initial tour</i> about the use and process of the float room. I understand that the <i>Instructional Video</i> and this <i>written waiver</i> are to serve as the primary source of information and education of the use of the float rooms, entering and exiting the float rooms using handrails, and facility.	
I understand that I am in control of this experience; I take full responsibility for myself, and my body. I understand Aches Away is not a medical facility and does not accept responsibility regarding professional medical advice or service.	
I agree to inform Aches Away staff of any history of heart trouble, epilepsy, seizures, blackouts or any other medical condition (for knowledge purposes only) to use the float room by myself.	
Should I have an emergency situation while inside the float room I am aware that there is a two-way intercom system that I can use to request assistance as shown in the <i>Introductory Video</i> .	
I understand that I cannot float if I have dyed my hair within 48 hours or if any color/dye remains on a white towel. While it will not hurt my hair, the dye could discolor and contaminate the salt water, resulting in a \$500 fee. (You may purchase or borrow a swim cap at the front desk but fee for contaminate still apply if water is affected.)	
Aches Away provides shampoo and body wash for the pre-float shower AND shampoo, conditioner and body wash for the post-float shower. Should I decide to bring my own personal shampoo, conditioner, or soap, I understand that it may not be used prior to my float session; only after the float session. Aches Away also provides earplugs, make-up remover or washcloth, petroleum jelly, towels and a robe for your use. We recommend that you bring a brush, comb and/or any other personal items you desire.	
<i>I agree to abide by the 6-minute mandatory shower using the provided wash cloth to exfoliate and remove natural oils, lotions, deodorants, hair products, etc. even if I showered prior to arriving at Aches Away.</i>	

Aches Away takes the cleanliness of our water so seriously that we have chosen to enforce a \$500 fee for anything left in the float room water or as mentioned above, should a person skip the mandatory 6-minute shower. Please be advised that due to the density of the salt, it is very evident if anything is left behind. It is our belief that each of us should use the float studio with the utmost respect for the next client by honoring the water sanitation guidelines.	
I will abide by the 24-hour cancellation policy when rescheduling or cancelling appointments, realizing that this appointment time was exclusively reserved for me.	
I declare that I am not under the influence of any substance that would impair my judgment while using the float room at Aches Away.	
I agree not to exceed the 75-minute session. I am aware that the pre-float shower is made up of 6-minutes, float time is a full 60-minutes and the post shower is 9-minutes, a total of 75-minutes. A 75-minute session will provide Aches Away the appropriate time needed to clean the float room for the following client. Should I not vacate the room in time I am aware that there will be an additional charge.	
I agree to lock the door while the float studio is in use	
I understand that the float room light will come on notifying me that my float session is over. At that point I will exit the float room to begin my post-float shower. If the staff does not hear the shower running they will attempt to communicate via the float room two-way intercom system. Should you not respond, please be aware that a staff member will knock on the outside door attempting to wake you. Only after 1) the float room light has come on, 2) the float room jets have come on, 3) we have utilized the intercom, and finally 4) knocked on the outside door will we enter the room to wake/inform you that your session is over. If we must enter the room we will enter with an objective to honor your privacy.	

Please take a moment to carefully read the following information and sign where indicated:

I acknowledge and accept the risks inherent in the use of the float studio. I voluntarily assume the risk of injury, accident, or death which may arise from the use of the float studio. I and any of my heirs, executors, representatives, or assigns hereby release from all claims or liabilities for personal injury or property damages of any kind sustained while on the premises, during the use of the float room and from any advice provided by an employee, independent contractor or any representative.

I further understand that Aches Away Massage Specialists is NOT A Medical Doctor and is NOT attempting to portray, or conduct the activities of a Medical Doctor and I release her, the Facility and Manufacturer from any adverse effects I may incur by the use of the float room.

I have carefully read the above safety instructions for using the float room. I fully understand them and fully agree to comply with instructions. This agreement is in effect for all sauna sessions/treatments and will not expire unless requested by either party.

Signed: _____