

## Float Session Acknowledgement and Waiver

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

Date of Birth: \_\_\_\_\_ Address: \_\_\_\_\_

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

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

Emergency contact name and phone number: \_\_\_\_\_

How did you hear about INa+Pod /who were you referred by?

\_\_\_\_\_

At INa+Pod we make all reasonable efforts to ensure a pleasant, clean and safe environment. In order to ensure you have a comfortable and safe experience, carefully read the following. Initial as required and then sign your name to indicate your agreement. This waiver applies to the first float and all subsequent float experiences taken by the undersigned with INa+Pod.

Initial I will NOT use the floatation tank under the following circumstances:

\_\_\_\_\_ With oils or creams on my body.

\_\_\_\_\_ If I have had my hair colored or chemically treated within the last week.

\_\_\_\_\_ If I have a communicable disease.

\_\_\_\_\_ If I am currently exhibiting any open cuts, scrapes or rashes.

\_\_\_\_\_ If I am under the influence of drugs or alcohol.

\_\_\_\_\_ If I suffer from incontinence issues.

\_\_\_\_\_ If I am pregnant, unless I have consulted with and received permission from my physician.

\_\_\_\_\_ If I suffer from any medical condition that could result in fainting, seizing, cardiac arrest or otherwise losing bodily control

and/or consciousness; unless my condition is deemed to be well-managed and my physician has granted me permission to float.

Initial I agree to and absolve INa+Pod of any liability pertaining to the following:

\_\_\_\_\_ I understand that the floatation pod solution contains or may contain the following additives: pharmaceutical grade

magnesium sulfate (Epsom salt), small amounts of 35% Food Grade hydrogen peroxide, sodium bisulfate, soda ash, and/or

sodium carbonate. Ozone is also utilized as part of the filtration process. I understand that there is a small risk for allergic reaction to any of the solution components listed above.

\_\_\_\_\_ I understand that if the pod solution comes in contact with my eyes, sinuses or existing cuts/scrapes/rashes/skin irritations

it will sting and/or cause further irritation. I know that even though earplugs are provided, there is a chance the solution might enter my ears which may cause discomfort and/or irritation.

\_\_\_\_\_ I hereby agree and understand that I shall have consulted with my own physician prior to using the floatation pod if I am

currently taking any medication or under a physician's care for any reason. Upon using the floatation pod or float room, I absolve INa+Pod and its employees and agents from any and all liability in connection with use thereof whether such loss or damage be direct or indirect.

\_\_\_\_\_ I agree to take full responsibility for my thoughts and actions while floating. The waiver of liability and all agreements made herein shall apply to each use I make of the floatation pod or float center facilities.

Session Requirements:

- Clients are required to shower and shampoo before floating. (Rinse soap off body thoroughly).
- Clothing is not allowed in the pods. This includes bathing suits and/or swim trunks.
- Clients should use the restroom before floating.
- Avoid waxing/shaving before floating to avoid salt/skin irritation.
- Avoid caffeine and heavy foods 1.5 hours prior to floating.
- INa+Pod reserves the right to refuse service to anyone who appears to be under the influence of drugs and/or alcohol or appears to be otherwise mentally/physically impaired.

Initial I agree to and understand the following:

\_\_\_\_\_ I understand that the first shower is VERY important. I agree to shower thoroughly using both shampoo and body wash, even if I showered just before coming in for my session. I will use a washcloth and will make sure all soap/shampoo is thoroughly rinsed before entering the pod.

\_\_\_\_\_ The interior of the pod is carefully inspected with a flashlight and UV light in between each session. I understand that if I contaminate the solution in any way I could be banned from the facility and I may be required to pay for the cost of cleanup and solution replacement (\$500 OR MORE.)

\_\_\_\_\_ I agree that I am physically capable of entering and exiting the floatation tank (which has a 25" lip that must be stepped over upon entry/exit) on my own. I agree that I am physically capable of lowering myself into the solution without assistance. I am also capable of rising from a recumbent position without assistance.

\_\_\_\_\_ I understand that the pod solution is slick and I will use utmost care when entering/exiting the pod and while utilizing the float center facilities. I will not hold INa+Pod responsible for any injury or death caused by slipping and/or falling.

**Spa Etiquette**  
The float center is used for relaxation purposes and needs to remain a quiet, tranquil environment. Please make every effort to be

respectful and not disturb other clients while floating. Splashing, kicking, loud talking or other disruptive behavior is not allowed

Please turn your phone ringer off completely. Cell phone use is only allowed in the waiting area.

**Late Policy**

It is very important that clients be on time for their appointments. If a client is late (past 20 minutes) and there is an appointment

scheduled immediately after the client will need to reschedule to avoid scheduling conflicts. No refund will be given.

Thank you for

your understanding.

**Cancellation Policy**

Clients must cancel at least 24 hours prior to their scheduled appointment. Failure to notify us of a cancellation within the allotted

24 hour timeframe will result in the full amount for the session being due.

**Safety Agreement**

While every effort is made to protect the health and safety of guests using the facilities, it is expressly agreed that use of facilities

undertaken by me is at my own risk, and that INa+Pod shall not be liable for any claims, damages, actions (or causes of actions)

within the center.

Thank you for providing us with this information. INa+Pod does not sell, exchange or release your personal information, such as

your name, email address, or telephone number to a third party.

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

Parent / Guardian / Caregiver Signature: \_\_\_\_\_

(If client is under 18 years of age)