



FLOATATION POD AGREEMENT

Relaxation pod or float pod therapy, exclusively at Weiler Academy, combined the sensation of weightlessness with a technique known as Restricted Environmental Stimulation Therapy, or R.E.S.T. We make all reasonable efforts to ensure a comfortable, clean, and safe environment for you. Please read over the following information and sign your name at the bottom of the form to indicate your agreement and adherence with our policies.

Full Name (Please Print) _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____ DOB _____

Please Initial the following:

____ I understand that I am using the floatation facilities at my own risk. I further understand that while using the floatation facilities I could fall due to slippery surfaces resulting in severe injury, paralysis, brain damage or death.

____ I understand that Floatation Therapy can cause intense relaxation and it could influence motor skills and the ability to drive heavy machinery. Upon exiting the Float Therapy Spa I take all responsibility for my actions.

____ I am not taking prescription medicine. Or – alternatively I have consulted my Doctor about Floatation Therapy and understand all possible associated risks in combination with my medication. OR – alternatively, I understand all possible associated risks in combination with my medication.

____ I am not wearing a pacemaker and do not have any serious heart disease OR alternatively I have consulted my Doctor and understand all associated risks of Floatation Therapy in combination with my specific medical conditions.

____ I do not suffer from epilepsy, vertigo, psychotic attacks, respiratory, kidney or communicable disease. In rare cases Floatation causes nausea, vomiting, dizziness, and rashes. These could be a sign of a Kidney disorder and an inability to process magnesium. Should these symptoms occur please stop use of the Float Pod and consult your Doctor.

____ I am not under the influence of drugs, alcohol or illegal substances.

____ I have no history of ear infections OR alternatively I understand all risks associated with Floatation Therapy and my condition.

____ I understand that the Float Pod contains 10 inches of water and could cause drowning or injury.

____ I will pay a cleaning fee of \$1,000 on the day of the incident should I voluntarily or involuntarily contaminate the water in the Float Pod, requiring it to be replaced. (Please note that women on their menstrual cycle must reschedule. There will be no penalty fee for rescheduling.)

____ I understand that I have not dyed my hair within the last 72 hours or 3 days. As this can cause staining of the float tank and polluting the water resulting in a cleaning fee of \$1000

____ I understand all statements above completely and take on all risks voluntarily. I understand this is a release of liability which could prevent me from filing suit or making claims for damages.

Signature Date ____/____/____

Guardian Signature (client under 18) Date ____/____/____