

A Healing Trail Wellness Center

Float Therapy Intake

Name _____ DOB _____ Today's Date _____

Whom can we thank for referring you to us? (Please provide name and address, if possible)

Have you ever received Float Therapy? Yes No How frequently? _____

Please initial the following:

- I confirm that I have not colored my hair within the 14 days prior to my Float Therapy appointment.
- I confirm and understand that Float Therapy can cause intense relaxation and it could influence motor skills and the ability to drive heavy machinery. Upon exiting the Float Therapy room I take all responsibility for my actions.
- I confirm that I am using the Float Therapy facility at my own risk. I further understand and accept the risk of walking on slippery surfaces while showering and entering/exiting the float room. I hereby agree to defend, indemnify, and hold harmless A Healing Trail Therapeutic Massage Center, LLC from any and all liabilities, costs, and expenses, including attorneys fees, arising from or related to my use of the Float Therapy facility.
- I confirm that I do not have ear tubes, epilepsy, psychotic episodes, kidney disease, communicable disease, serious heart disease, untreated low blood pressure OR I have spoken to my doctor about Float Therapy and understand all associated benefits. In rare cases floatation can cause nausea, vomiting, dizziness, and skin irritation. Please consult with your doctor before floating if you have any serious medical condition.
- I agree to pay a salt replacement and cleaning fee of \$1,400.00 if any substance is intentionally or accidentally added to the float room water.
- I have adequate mobility to sit on the floor and raise myself to a standing position unaided.
- I am not under the influence of drugs, alcohol, or illegal substances.

I understand that the basic purpose of Float Therapy is to provide relaxation and relief from muscular tension and stress. I also understand that researchers and regular floaters have reported many other mental and physical benefits and effects received from floating, and that each float experience is uniquely individual. A Healing Trail Wellness Center, and their therapists, make no claim or guarantee of any particular benefit or effect that may be the result of the use of the Float Therapy facility.

Cancellation Policy

We greatly appreciate as much notice as possible if you have to miss a scheduled appointment. We can usually fill your appointment with 48 hours notice. If you have to give less than 24 hours notice we would appreciate it if you would send a family member or friend in your place. If we can't fill your appointment when you have given less than 24 hours notice, we will bill you for 50% of the session fee.

Your initials here please _____

Your Signature _____ Today's Date _____

(Patient or Guardian)