

Groton Therapeutic Massage | Floatation Waiver & Release Form

Name: _____ Birth Date: ___/___/_____

Address: _____

City: _____ Zip: _____

Cell Phone: (_____) _____ Other _____

Email: _____

Emergency Contact Name and Contact Phone #: _____

Please (check) all that apply:

- I do not have any communicable or infectious disease, illness, or skin disorder.
- I am not claustrophobic or have any issues with the confined space of Groton Float's float tank.
- I do not have a condition or am medicated in any manner which may be adversely affected by profound relaxation and/or immersion in concentrated magnesium sulfate (Epsom salt) water solution.
- I am not under the influence of drugs, alcohol or any medication
- I do not have a history of high ($\geq 180/120$) or low ($\leq 90/50$) blood pressure
- I am not diabetic with an insulin dependency
- I do not have kidney disease
- I do not suffer from uncontrolled seizures or epilepsy
- I am not currently menstruating (please reschedule. Thank you)
- I am not pregnant
- I have consulted with, and secured written permission from my physician to use the Floatation Tank if I have any of the above or other conditions.

****People with physical disabilities need to bring their own assistant. Please consult with the front desk staff prior to making or continuing with an appointment.****

REQUIREMENTS & CONTRA-INDICATIONS: *(please initial here for agreement _____)*

- ❖ Clients are REQUIRED to shower prior to entering the pod. ❖ No freshly dyed hair, henna or tattoo allowed in the pod.
- ❖ If you suffer from any infectious skin or foot disorder you may not be allowed to use the pod.
- ❖ Avoid caffeine 2 hours prior to your float, but be sure to eat a light snack. ❖ You must not be under the influence of any drugs or alcohol.
- ❖ Women on their menstrual cycle will not be allowed to float and will need to reschedule.
- ❖ If a client contaminates the pod in any way, they will be required to pay the cost of \$500 to clean up and refill the pod.

I understand that the Floatation Tank uses:

- Pharmaceutical grade Epsom salts
- Confined space, low or no sound & lights
- Natural enzymes and non-toxic biodegradable cleaning products
- Ultraviolet sterilization system
- Hydrogen Peroxide

I further understand that each individual may have a unique experience. I have been given an orientation which familiarized me with the safe and appropriate use of the tank. I agree to take full responsibility for my thoughts and actions while in the floatation tank and the waiver of liability and all agreements made herein shall apply to each and every use of the floatation tank.

I hereby agree to irrevocably release and waive any claims that I have now or may have hereafter against Groton Therapeutic Massage and its employees and agents. I have read and fully understand and agree to the above terms of this Liability Waiver Agreement. I am signing this agreement voluntarily and recognize that my signature serves as complete and unconditional release of all liability to the greatest extent allowed by law in the State of Massachusetts.

Signature: _____

Date: _____