



CRYOTHERAPY | WELLNESS

## Float Tank Consent Form

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

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Float therapy provides a deep state of relaxation that stimulates blood flow through all of your body's tissues and releases natural endorphins. Float therapy also allows the brain to give off alpha waves associated with relaxation and meditation.

At Core Cryotherapy and Wellness, we make all reasonable efforts to ensure a comfortable, clean and safe environment for your floatation experience. To ensure you have a safe and comfortable floating experience, please read the following guidelines and sign your name. This consent form applies now to your first float and all floats after this one.

The following list is to ensure your safety in your floatation service. Please initial each item to verify that you understand each of these safety precautions:

1. **Even if I have showered prior to arrival, I will shower with soap, wash my hair and not enter the float pod with any oils or creams on my body.** \_\_\_\_\_
2. **If I have a keratin hair treatment, it can be affected by any saltwater, especially the highly saline water in the float tank.** \_\_\_\_\_
3. **I do not have any communicable disease (Chicken pox, HIV, Tuberculosis, measles, etc.).**  
\_\_\_\_\_
4. **I am not under the influence of drugs and/or alcohol.** \_\_\_\_\_

5. I understand that if I am epileptic, I have consulted with my physician that my epilepsy is under medical control. I am in sufficient control of my seizures not to endanger my floating experience.  
\_\_\_\_\_
6. I understand that if I am pregnant, I have consulted and received permission from my physician.  
\_\_\_\_\_
7. I understand that if I suffer from diabetes, unless, in the opinion of my physician, my diabetes is under medical control so that I am in sufficient safety to use the flotation tank. \_\_\_\_\_
8. I understand that if I suffer or have suffered from chronic heart disease, unless in the opinion of my physician, my chronic disease is under medical control so that I am in sufficient safety to use the flotation tank. \_\_\_\_\_
9. I understand that if I suffer or possess any sort of existing ear, nose or eye condition that may be irritated by properties within the float tank. \_\_\_\_\_
10. I do not have a condition nor am I on any medication which may have adverse effects to the immersion in the concentrated magnesium sulfate (Epsom Salt) water solution. \_\_\_\_\_
11. I understand that floating may lower blood pressure and I will take extra care standing up after my float. If I have a history of ( $\geq 180/120$ ) or low ( $\leq 90/50$ ) blood pressure, I have medical authorization to float.  
\_\_\_\_\_
12. I understand that if I suffer from vertigo when lying down, the same could occur during a float session.  
\_\_\_\_\_
13. I have not shaved or waxed 48 hours before my floating experience, and if I have, I understand that there may be some irritation. \_\_\_\_\_
14. I have not used self-tanning products in the last 48 hours prior to floating. \_\_\_\_\_
15. I am physically capable of getting in and out of the float pod on my own. \_\_\_\_\_
16. I understand that the flotation tank uses Epsom salt, natural enzymes, botanical extracts and non-toxic, biodegradable cleaning products which will be in the water and that some people may experience skin allergies or reaction. \_\_\_\_\_

**17. I acknowledge that if I contaminate the floatation tank in any way, I will be required to pay the cost of cleanup and refilling the pool (\$500.00—\$1,000.00). \_\_\_\_\_**

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\*Clients that have longer hair are recommended to tie their hair up for maximum floating comfort. Please remove all jewelry and turn off all electronic devices before entering the float tank area.

\*The floatation tank 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, talking or other disruptive behavior is not allowed. Children are not allowed in the floatation room while client is getting their service.

\*All float tanks are in wet areas and I will take extra precaution for my own safety. Upon using the floatation tank, I am choosing to use the floatation tank of my own free will. I agree not to hold Core Cryotherapy and Wellness facility, operators or owners liable for any injury to self or for loss or damage of personal items directly or indirectly.

**\*Minor's Policy (Participants under the age of 18)**

Participants who are 17 or under must have a parent or guardian sign the waiver on their behalf. In addition, the parent or guardian must be on Core Cryotherapy and Wellness premises for the duration of the minor's float session. If participant is under the age of 14, a parent or guardian must remain in the float room (not in the tank itself) for the duration of the minor's float session.

**By signing below, I have read and understand the above statements and agree to comply with the rules of this facility.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_