

Pittsburgh Float Capristo Salon & Wellness Spa

Name: _____ Age: _____

Birth Date: ____/____/____

Address: _____

City: _____ Zip: _____

Phone: _____

Email: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Floatation Meditation Therapy provides a deep state of relaxation that stimulates blood flow throughout all of the body's tissues, releases natural endorphins, and the brain gives out alpha and theta waves associated with relaxation and meditation. To ensure a comfortable, clean and safe Meditation Floatation experience, I agree to the following (please initial each statement):

___ I do not have any communicable or infectious disease, illness, open sore or skin disorder

___ I do not have a condition nor am I 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 any nonprescription medication, drug or alcohol

___ 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 or chronic heart disease

___ I do not suffer from uncontrolled seizures or epilepsy

___ I am not currently menstruating

___ I have consulted with my physician if I am pregnant and in my third trimester

___ I will shower before and after my float

I understand that the Floatation Tank uses:

- Pharmaceutical grade Epsom salts
- Natural enzymes and non-toxic biodegradable cleaning products
- 35% Hydrogen peroxide
- Ozonator attached to filter

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 Pittsburgh Float or Capristo's Wellness Spa 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 Pennsylvania.

Please legibly write the following sentence in your own handwriting, print and sign your name below:

"I have read in its entirety and fully understand this waiver"

Printed Name:

Signature:

Date: _____

How did you hear about us? _____