

PITTSBURGH FLOAT SPA

FLOAT THERAPY WAIVER & INFORMED CONSENT

Informed Consent, Assumption of Risk & Release of Liability

Please read this agreement carefully before using a float tank, pod or float suite.

Participant Name: _____ Date of Birth: _____
Phone: _____ Email: _____

VOLUNTARY PARTICIPATION

I voluntarily choose to participate in float therapy at Pittsburgh Float Spa. I understand that float therapy involves entering a private tank, pod or suite containing a highly concentrated magnesium sulfate (Epsom salt) solution and remaining in the water for a period of time, often with reduced light, sound and other external stimulation.

HEALTH & SAFETY ACKNOWLEDGMENT

I understand that float therapy may cause or contribute to:

- dizziness, lightheadedness, disorientation or temporary difficulty with balance when entering, exiting or standing after a float;
- skin, eye or ear irritation from the concentrated salt solution;
- stinging or discomfort if salt water contacts cuts, abrasions, recently shaved or waxed skin, fresh tattoos, piercings or irritated skin;
- claustrophobia, anxiety, panic, emotional discomfort or distress related to reduced sensory input;
- slips, falls or other injury in the tank, shower or surrounding wet areas;
- aggravation of an existing medical or psychological condition; and
- in rare circumstances, aspiration of water or drowning, particularly if consciousness or seizure control is impaired.

I agree that I should not float, or should first obtain appropriate medical guidance, if I have a condition that could make unsupervised water immersion or reduced sensory stimulation unsafe. This may include uncontrolled epilepsy or seizures, a history of blackouts, serious uncontrolled cardiovascular disease, significant low blood pressure, kidney disease, active psychosis or a condition involving severe dissociation, or another medical condition that could impair my ability to safely enter, remain in or exit the float environment. If I am pregnant, particularly during the first trimester or if the pregnancy is high risk, I agree to consult my obstetric or other qualified healthcare provider before floating.

I understand that Pittsburgh Float Spa and its employees are not medical providers and do not diagnose medical conditions, determine whether float therapy is medically appropriate for me, or provide medical advice.

I WILL NOT USE THE FLOAT TANK IF:

- I am under the influence of alcohol, recreational drugs or any substance or medication that significantly impairs alertness, balance or consciousness;
- I have uncontrolled epilepsy or seizures, or a condition that may cause loss of consciousness in the water, unless I have been medically cleared to float safely;
- I have an active contagious or infectious illness, active skin infection, open wound, ulcer, large cut or unhealed surgical site;
- I have diarrhea, vomiting, gastroenteritis, fecal incontinence, urinary incontinence or another condition that creates a meaningful risk of contaminating the float water;
- I have a fresh tattoo or piercing that is not fully healed; or
- my hair has been recently colored, dyed or treated and color still runs when thoroughly rinsed in the shower.

MY RESPONSIBILITIES

- I will shower thoroughly before entering the float tank and remove makeup, lotions, oils, creams, hair products and other substances that could contaminate the water.
- I will follow all posted instructions and instructions provided by Pittsburgh Float Spa staff.
- I will enter and exit carefully and will ask for assistance if I cannot safely enter or exit on my own.
- I understand that I may turn on available lights, open the tank or pod, sit up, or end my session at any time if I feel uncomfortable or unsafe.
- I will immediately exit and notify staff if I experience a seizure warning, faintness, chest discomfort, severe shortness of breath, panic, confusion, illness or any other concerning symptom.
- I will not intentionally ingest the float solution, intentionally submerge my face, engage in unsafe activity, or misuse the tank, pod, suite or associated equipment.
- I understand that contact lenses may increase discomfort if salt water enters my eyes and that removing them before floating may be advisable.
- I understand that shaving or waxing shortly before floating may cause significant stinging or skin irritation.

HYGIENE, CONTAMINATION & PROPERTY DAMAGE

I understand that the float solution and equipment require specialized filtration, sanitation and maintenance. I agree to disclose any condition or circumstance that could reasonably contaminate the float water. If I contaminate or damage a float tank, pod, suite or related equipment because I intentionally or negligently fail to follow these rules, I understand that Pittsburgh Float Spa may hold me responsible for the reasonable costs of draining, cleaning, sanitizing, repairing and replacing water, salt or damaged equipment, to the extent permitted by law.

ASSUMPTION OF RISK

I understand that participation in float therapy carries inherent and other risks, including risks that may not be foreseeable. I knowingly and voluntarily assume the risks associated with my use of Pittsburgh Float Spa's float tanks, pods, suites, showers and related facilities, including the risks specifically described in this agreement.

RELEASE AND WAIVER OF LIABILITY

TO THE FULLEST EXTENT PERMITTED BY PENNSYLVANIA LAW, I EXPRESSLY RELEASE AND WAIVE CLAIMS AGAINST PITTSBURGH FLOAT SPA, ITS OWNERS, OFFICERS, EMPLOYEES, CONTRACTORS, AGENTS, LANDLORDS AND REPRESENTATIVES FOR PERSONAL INJURY, ILLNESS, PROPERTY DAMAGE OR OTHER LOSS ARISING FROM MY PARTICIPATION IN OR USE OF FLOAT THERAPY, A FLOAT TANK, POD, SUITE, SHOWER OR RELATED FACILITIES, INCLUDING CLAIMS CAUSED IN WHOLE OR IN PART BY THE ORDINARY NEGLIGENCE OF PITTSBURGH FLOAT SPA OR THE OTHER RELEASED PARTIES.

This release is intended to include claims involving ordinary negligence to the maximum extent permitted by law. It is not intended to release gross negligence, reckless conduct, intentional misconduct, or any other liability that cannot legally be waived under Pennsylvania law.

EMERGENCY CARE

If I become ill or injured and cannot communicate, I authorize Pittsburgh Float Spa personnel to contact emergency medical services when reasonably necessary. I understand that I am responsible for resulting medical expenses.

NO GUARANTEE OF RESULTS

Float therapy is offered for wellness, relaxation and recovery purposes. Pittsburgh Float Spa makes no guarantee of any particular health or therapeutic result. Float therapy is not medical care and is not intended to diagnose, treat, cure or prevent disease.

ELECTRONIC SIGNATURE & CONTINUING CONSENT

I understand that this agreement may be signed electronically and that my electronic signature has the same effect as my handwritten signature. Unless Pittsburgh Float Spa requires a new waiver or my circumstances materially change, this agreement applies to my current and future float therapy sessions. I agree to notify Pittsburgh Float Spa of changes that may affect my ability to safely float.

ACKNOWLEDGMENT

I HAVE READ THIS AGREEMENT CAREFULLY. I UNDERSTAND THAT I AM ASSUMING RISKS AND RELEASING CERTAIN LEGAL RIGHTS, INCLUDING CERTAIN CLAIMS BASED ON THE ORDINARY NEGLIGENCE OF PITTSBURGH FLOAT SPA.

I have had the opportunity to ask questions before signing, have provided accurate information regarding my ability to safely participate, and voluntarily agree to these terms.

Participant Signature: _____ Date: _____

Printed Name: _____

FOR PARTICIPANTS UNDER 18 - WHERE PERMITTED BY SPA POLICY

I am the parent or legal guardian of the participant named above. If Pittsburgh Float Spa permits this minor to participate, I consent to the participant's use of float therapy and acknowledge that I have read and understand the risks, rules, assumption of risk and release terms contained in this agreement.

Parent / Guardian Name: _____

Parent / Guardian Signature: _____

Date: _____