Waiver & Informed Consent for Float Tanks

I, _____, hereby accept all risks associated with my voluntary use of a Dream Pod Floatation Tank at New Day Healing and Wellness and release and forever discharge New Day Healing and Wellness, its employees and staff, and any other officers, agents or volunteers of New Day Healing and Wellness ("RELEASEES") from any and all responsibilities or liability from injuries or damages resulting from or connected with my use of the floatation tank whether arising from the negligence of the RELEASEES or otherwise.

1. I acknowledge and accept the risks inherent in the use of the floatation tank. Other possible risks may include social and economic losses which might result not only from the RELEASEES own actions, inactions, or negligence, but the actions, inactions, or negligence of others, the condition of the premises or any equipment. Further, there may be other risks not known or not reasonably foreseeable at this time. I hereby assume full responsibility for all the foregoing risks, known and unknown, and accept responsibility for the damages following any injury, permanent disability, or death.
2. I further acknowledge and understand that New Day Healing and Wellness and its employees are not medical doctors or physicians and that any information or guidelines provided by New Day Healing and Wellness and its employees carries no warranty of any kind, expressed or implied, including, but not limited to, warranties regarding safety or suitability for a particular purpose. I understand that the above stated entities are not attempting to portray or conduct the activities of a medical doctor.
3. It is up to each individual to take caution to prevent slipping or falling as floor surfaces may be wet. The facility is cleaned between each session and the float water is treated for health and safety as approved by the Tennessee State Department of Health and/or the local health department. Float water quality is monitored by periodic bacteriological testing. Treatment exceeds Floatation Tank Association standards.
4. I have been advised to obtain approval from my physician if I meet one or more of the following criteria: epilepsy, kidney disease, uncontrolled diabetes, low blood pressure, recent heart attack, severe arterial disease, vertigo, or sensitivities to sulfate or magnesium. It is also recommended that any individual taking mood stabilizing medications consult a physician prior to use of the floatation tank.
5. I have read this document in its entirety and agree to adhere to all its precepts, as well as all other terms and conditions for use of the New Day Healing and Wellness floatation tank. I understand the risks and benefits of the program and any questions that I may have had have been answered to my satisfaction.

Upon participation, I do hereby discharge, release and hold harmless New Day Healing and Wellness and its employees, and any other officers, agents or volunteers of New Day Healing and Wellness from any and all liability for damage claims or losses of any kind or character whatsoever resulting from any injury or condition I may suffer, or resulting from my participation except if such damage(s) or injury(s) is primarily the direct result of gross negligence or misconduct of the RELEASEES and not caused in part by my own negligence.

Participant Name (print): _____

Participant Signature: _____ Date: _____

Parent/Guardian Signature (if under 18): _____

Terms of Service for Floatation Tank Use

I, _____, will NOT use the float tank if:

1. I have not showered and still have oils, lotions, creams, makeup, mascara or other products on my body.
2. I have had any type of hair color or dye treatment within the past two weeks and/or that transfers color when wet.
3. I have used wax/oil in my hair/dreadlocks.
4. I have used a spray tan or other chemical tanner on my skin within the past two weeks.
5. I am not physically capable of getting in and out of the equipment on my own. This requires enough upper body strength to pull myself up from a sitting position to a standing position. If unable, I agree that I will arrive with a certified aide to help me in and out of my session.
6. I have experienced vomiting or diarrhea within the past two days.
7. I have received chemotherapy within the past two weeks.
8. I have a communicable or infectious skin condition, disorder, or disease.
9. I am under the influence of alcohol or drugs.
10. I have open sores or a new tattoo that has not fully healed.
11. I have kidney disease or am diabetic, unless my diabetes is under medical control.
12. I have a history of heart trouble, epilepsy, seizures or blackouts and have not received a doctor's permission to use the flotation tank.
13. I am experiencing a heavy menstrual period. Please reschedule if there is a chance any menstrual blood could leak out into the water.
14. I have a condition which may be adversely affected by cutaneous absorption of magnesium.
15. I may release bodily fluids, voluntarily or involuntarily, into the float tank.

Floatation tank users agree to each and all of the following terms:

I understand that any violation of these rules or any other action, voluntarily or involuntarily, that results in contamination of the float water may result in a cleaning and salt replacement fee of up to $1,500.

Participant Name (print): _____

Participant Signature: _____ Date: _____

Parent/Guardian Signature (if under 18): _____